

# FY 2023 BUDGET SUBMISSION



*“ To care for him who shall have borne the battle,  
and for his widow, and his orphan....”*

## Supplemental Information & Appendices

Volume 1 of 4

March 2023

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**Department of Veterans Affairs**  
**Volume I**  
**Supplemental Information and Appendices**

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## *Supplemental Information*

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## *Mission*

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### **Our Mission: *What We Are Here to Do***

**To fulfill President Lincoln's promise - "To care for him who shall have borne the battle, and for his widow, and his orphan" - by serving and honoring the men and women who are America's Veterans.**

President Lincoln's immortal words, delivered in his second inaugural address more than 140 years ago, best describe VA's mission: "To care for him who shall have borne the battle and for his widow, and his orphan." We care for Veterans, their families, and survivors – men and women who have responded when their Nation needed help. VA's mission is clear-cut, direct and historically significant. It is a mission that every VA employee is proud to fulfill.

VA carries out four specific missions to make good on that commitment: Veterans health care, Veterans' benefits, National cemeteries and our fourth mission. VA's fourth mission, supported by all the Administrations, is to improve the Nation's preparedness for response to war, terrorism, national emergencies and natural disasters by developing plans and taking actions to ensure continued service to Veterans, as well as to support national, state and local emergency management, public health, safety and homeland security efforts.

### **Our Programs: *What We Do***

VA is comprised of the following three Administrations that deliver services to Veterans as well as staff offices that support the Department:

- The Veterans Health Administration (VHA) provides a broad range of primary care, specialized care and related medical and social support services that are uniquely related to Veterans' health or special needs. VHA advances medical research and development in ways that support Veterans' health and wellness by pursuing medical research in areas that most directly address the diseases and conditions that affect Veterans;
- The Veterans Benefits Administration (VBA) provides a variety of financial and other benefits to Veterans and their families. These benefits include compensation, pension, fiduciary services, educational opportunities, employment services, home ownership promotion, transition assistance, and life insurance;
- The National Cemetery Administration (NCA) provides burial and memorial benefits to Veterans and their eligible family members. These benefits include burial at national cemeteries, cemetery grants, headstones, markers, medallions, and Presidential Memorial Certificates; and

- VA Staff Offices provide a variety of services to the Department, including: information technology (IT), human resources (HR) management, strategic planning, Veterans outreach and education, financial management, acquisition, and facilities management.





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## *Population of American Veterans*

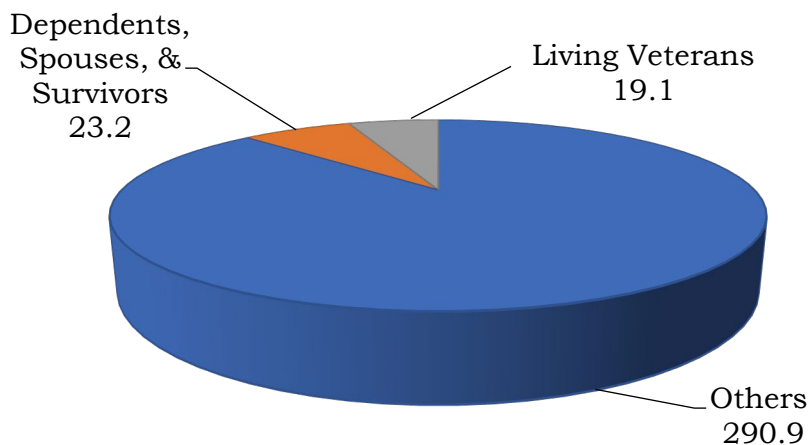
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### Veterans Population

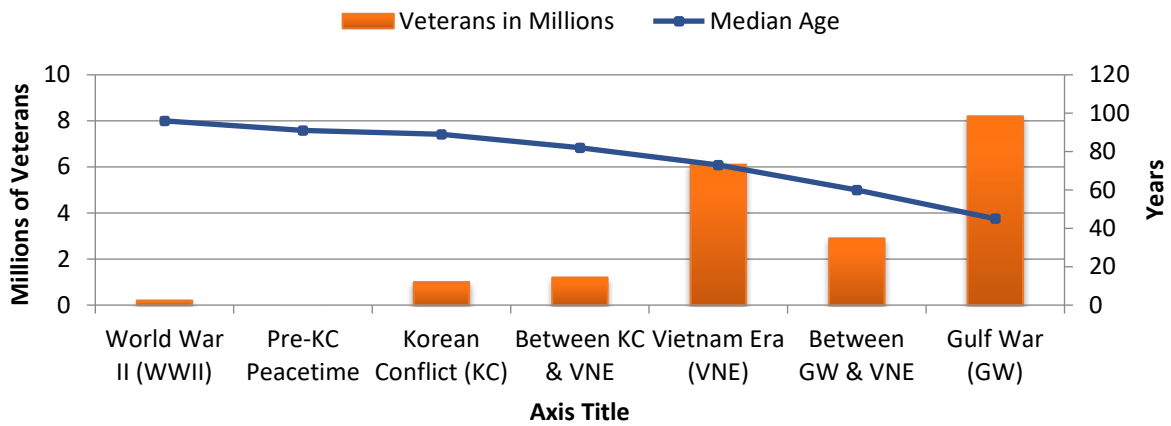
On September 30, 2021, there were an estimated 19.2 million living Veterans, with 19.1 million of them in the United States, American Samoa, Guam, the Northern Mariana Islands, Puerto Rico, and the U.S. Virgin Islands. There were an estimated 22.6 million spouses and dependent children of living Veterans. Additionally, there were about 600,000 survivors of deceased Veterans receiving survivor benefits (either Dependency and Indemnity Compensation or death pension payments). Thus, approximately 42.3 million people, or 12.7 percent of the total estimated resident population (333.2 million), were recipients, or potentially eligible to be recipients, of Veterans' benefits from the Federal Government.

The pie chart represents the estimated number (in millions) in the resident population classified as living Veterans, spouses and dependent children of living Veterans and survivors of Veterans receiving VA survivor benefits, and others (the remainder of the resident population) as of September 30, 2021.

Estimated Population (in Millions) of Living Veterans, Dependents of Living Veterans, Survivors of Veterans Receiving VA Survivor Benefits, and Others in the U.S., American Samoa, Guam, the Northern Mariana Islands, Puerto Rico, and the U.S. Virgin Islands, September 30, 2021



### Estimated Number and Median Age of Living Veterans by Period of Service\*, September 31, 2020



9/30/2021	Age	Median	Veterans in Millions
	World War II (WWII)	96	0.2
	Pre-KC Peacetime	91	0.0
	Korean Conflict (KC)	89	1.0
	Between KC & VNE	82	1.2
	Vietnam Era (VNE)	73	6.1
	Between GW & VNE	60	2.9
	Gulf War (GW)	45	8.2

\* Veterans are included in all wartime periods in which they served. Therefore, period categories do NOT add to total Veteran population.

Source – Veteran Population Projection Model 2018



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*Estimates and Projections of the Veteran  
Population*

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See table on the next page

## Estimates and Projections<sup>(1)</sup> of the Veteran Population of the United States, Puerto Rico, US Island Areas<sup>(2)</sup>, and Foreign Countries

September 30, 2020 -- September 30, 2030

Veteran populations projected as of September 30, 2021

Period	9/30/2020	9/30/2021	9/30/2022	9/30/2023	9/30/2024	9/30/2025	9/30/2026	9/30/2027	9/30/2028	9/30/2029	9/30/2030
<b>All Veterans<sup>(3)</sup></b>	19,541,961	19,162,515	18,792,191	18,433,480	18,087,076	17,749,571	17,421,760	17,102,073	16,789,653	16,484,420	16,186,967
<b>Wartime Veterans<sup>(3)</sup></b>	15,200,860	14,959,391	14,729,624	14,512,425	14,306,900	14,083,335	13,850,787	13,598,257	13,310,439	13,015,002	12,714,042
<b>Gulf War<sup>(4)</sup></b>	8,051,480	8,211,348	8,366,638	8,518,276	8,665,169	8,780,042	8,873,179	8,935,283	8,952,227	8,952,830	8,940,245
GW Only	7,652,148	7,822,437	7,988,682	8,151,775	8,310,531	8,437,662	8,543,514	8,618,737	8,649,229	8,663,799	8,665,587
GW, VNE Only	399,332	388,911	377,956	366,501	354,639	342,360	329,666	316,546	302,998	289,030	274,657
<b>Vietnam Era<sup>(4)</sup></b>	6,257,595	6,054,194	5,841,522	5,620,874	5,394,508	5,162,101	4,924,060	4,680,258	4,431,095	4,177,072	3,918,832
VNE Only	5,754,260	5,574,328	5,384,955	5,187,226	4,983,218	4,772,604	4,555,756	4,332,540	4,103,365	3,868,754	3,629,396
VNE, KC Only	95,512	84,357	73,585	63,394	53,905	45,167	37,254	30,218	24,088	18,861	14,501
VNE, KC, WWII Only	8,490	6,598	5,026	3,753	2,747	1,970	1,384	954	644	427	277
<b>Korean Conflict<sup>(4)</sup></b>	1,095,996	954,032	819,437	694,418	580,123	477,061	385,834	306,681	239,465	183,642	138,308
KC Only	974,034	849,029	730,059	619,187	517,529	425,649	344,183	273,430	213,324	163,419	122,922
KC, WWII Only	17,959	14,048	10,767	8,084	5,942	4,275	3,012	2,080	1,408	935	608
<b>WWII<sup>(4)</sup></b>	325,574	240,329	174,388	124,341	87,079	59,873	40,414	26,786	17,434	11,138	6,979
WWII Only	299,124	219,684	158,594	112,504	78,391	53,628	36,017	23,753	15,382	9,777	6,094
<b>Peacetime Veterans<sup>(5)</sup></b>	4,341,082	4,203,099	4,062,538	3,921,024	3,780,142	3,666,202	3,570,940	3,503,785	3,479,184	3,469,390	3,472,899
Between GW & VNE	2,951,082	2,915,496	2,877,952	2,838,625	2,797,698	2,755,112	2,710,728	2,664,572	2,616,585	2,566,689	2,514,781
Between KC & VNE	1,334,400	1,242,323	1,148,217	1,053,620	960,039	867,521	776,777	688,413	603,331	522,443	446,617
Pre-KC	55,599	45,280	36,369	28,779	22,405	17,140	12,875	9,495	6,876	4,890	3,419

<sup>(1)</sup> These data differ slightly from published Census data because they include 17 year-old Veterans, Veterans in foreign countries, and Veterans in US Island Areas, none of which are included in the published Census data.

<sup>(2)</sup> US Island Areas is composed of Virgin Islands, Guam, American Samoa, and the Northern Marianas.

<sup>(3)</sup> Veterans serving in more than one period of service are counted only once in the total.

<sup>(4)</sup> This sum includes Veterans who served in multiple periods.

<sup>(5)</sup> Veterans who served both in wartime and peacetime are only counted as serving in wartime.

Source: Veteran Population Projection Model 2018 as of September 30, 2021



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## *Legislation Summaries*

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## *Proposed Legislation Summary*

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### **Summary of Proposed Legislation**

The budget includes 53 discretionary and 2 mandatory legislative proposals. A summary of each proposal is provided below, followed by a table showing the costs of the discretionary proposals included in the FY 2023 President's Budget request. Detailed legislative text will be provided separately.

### *Summary of Proposed Legislation*

#### ***OTHER***

#### **Board of Veterans Appeals**

**1. Definition of "Reasons or Bases" for Decisions:** This legislative proposal would amend 38 U.S.C. § 7104(d)(1) to define "reasons or bases" as "a plausible statement of the reasons for the Board of Veterans Appeal's ultimate findings of fact and application of law to the facts found." The requirement for a "plausible" statement of the reasons for the Board's findings stems from the need to be consistent with the standard governing review of factual findings by CAVC. See 38 U.S.C. § 7261. Because Congress made clear that findings of fact made by the Secretary or the Board of Veterans' Appeals shall not be subject to trial de novo by the Court, this revision would clarify that a Board decision supported by a plausible account of the evidence cannot be vacated or overturned simply because the reviewing Court believes the Board's findings could have been better explained. The majority of remanded appeals associated with "reasons and bases" do not result in changes to the final appeal disposition. This proposal is budget neutral.

#### **Human Resources and Administration**

**2. Establish an Exception to the Restricted Position Hiring Requirements for Housekeeping Aides:**

This proposal would establish an exception to the hiring requirements under 5 U.S.C. § 3310 for Housekeeping Aides in VA. Excepting VA from this restriction will expedite recruitment and hiring processes for Housekeeping Aides, especially within VHA. Under 5 U.S.C. § 3310, competitive examinations for the positions of custodian, elevator operator, guard, and messenger (referred in statute as restricted positions) are restricted to preference eligibles if a preference eligible candidate is available. The Wage Grade (WG)-3566, Housekeeping Aide, positions fall under the category of "custodian," and therefore, are considered restricted positions. The proposal OMB previously approved on the temporary exception was tied to COVID special legislation.

**3. Use of the VA Franchise Fund to Sell Law Enforcement Training to State and Local Law**

**Enforcement Partners Receiving Federal Grants:** This proposal would amend the paragraph under the heading "Franchise Fund" in title I of Public Law 104-204 [Pub.L. 104-204, Title I, Sept. 26, 1996, 110 Stat. 2880, as amended by section 208 of title II of Pub. L. 109-114, which is set out as a note under 38 U.S.C.A. § 301] to allow the VA Franchise Fund, to extend its law enforcement training services to state and local law enforcement agencies who are recipients of federal grant funds.

**4. Request Reimbursable Authority for Realigned Alternative Dispute Resolution Function within the Office of Human Resources and Administration (HRA) and Consolidate Reimbursable Authority Request for the Office of Resolution Management, Diversity & Inclusion (ORMDI):** This proposal requests a change to recurring section 210 of the Appropriations Act Administrative Provisions in the FY 2022 President’s Budget Request to: 1) realign \$3,758,000 in reimbursable funding for the Office of Resolution Management (ORM) to the Office of Human Resources and Administration/Operations, Security and Preparedness (HRA/OSP) for the Alternative Dispute Resolution function, which will be part of HRA/OSP but will no longer be aligned under ORM; and 2) consolidate \$78,417,225 in the reimbursements ceiling for the renamed Office of Resolution Management, Diversity & Inclusion (ORMDI).

**5. Executive Management Fellowship (EMF) Program:** 38 U.S.C. § 741 directed both VHA and VBA to implement EMF Program. This proposal recommends language to clarify elements of the program and increase flexibility for VA in its implementation.

**6. Elimination of Congressionally Mandated Report (CMR) on Nurses and other Health Care Personnel: Competitive Pay:** This proposal will eliminate reporting requirements that duplicate information currently provided in other Congressionally Mandated Reports (CMRs) such as Medical Staff Retention, Staffing Shortages, Hiring Delays, and reports associated with VA Maintaining Internal Systems and Strengthening Integrated Outside Networks (MISSION) Act.

**7. Change Due Date of Annual Report to Congress on Performance Awards and Bonuses Awarded to Certain High-Level VA Employees:** By waiting until 150 days have passed (on or around February 28th), VA has a clearer and more complete picture of a total compensation package for each individual. Thus, the report to Congress will contain more accurate and current information that will better answer what Congress is seeking in the report.

**8. Change the Title of the VA Appropriation Account General Administration to Mission and Veterans Support Programs:** The “Consolidated Appropriations Act, 2021” assigns funds to VA under the “General Administration” fund account to provide for the effective management oversight, accountability and process improvements throughout the Department. This proposal requests that the title of this fund account change from “General Administration” to “Mission Support” to more accurately reflect the enabling contributions in support of VA’s mission.

## **Office of General Counsel**

**9. Increased Assessment Amount and Limited Transfer Authority for Funding for the Accreditation, Discipline, and Fees Program:** This proposal seeks to Amend sections 5902 and 5904 of title 38, United States Code, to increase the assessment amount that VA may collect when it directly pays fees for representation to accredited claims agents and attorneys and to provide annual adjustments of the amount, indexed to Social Security increases. This proposal would also establish a limited transfer authority to defray costs incurred in carrying out the Accreditation, Discipline, and Fees Program from funds appropriated, or otherwise available, to the Department for administrative expenses for Veterans’ benefits programs.

**10. Guardianship:** This proposed legislation would enable the Secretary to take steps to initiate the guardianship process once it has been deemed medically appropriate. VA would not use VA staff as guardians, rather VA would initiate the paperwork and legal process that could lead to the appointment of a court-appointed decision-maker through the relevant State court systems and processes. The VA would continue to advocate for Veteran knowledgeable guardians, but acknowledges that the appointment of a guardian is the court’s decision.

**11. Reinstatement of Penalty for Certain Acts:** This proposal seeks to address a gap that currently exists in the statutory language governing the conduct of individuals who provide assistance with claims for VA benefits. While OGC strives to ensure that “claimants for [VA] benefits have responsible, qualified representation in the preparation, presentation, and prosecution of claims for Veterans’ benefits,” 38 C.F.R. § 14.626, under current statutory authority VA only has limited enforcement authority over individuals providing assistance with claims for VA benefits. This proposal would also create a single, national standard to serve as a general deterrent against bad actors and would allow for more meaningful enforcement against unaccredited individuals who are currently not subject to any Federal punishment for violations of VA law.

**12. Conforming Amendment to 38 USC 6105:** This proposal seeks to update the references in 38 U.S.C. § section 6105 to reflect the changes in numbering that were made by the Military Justice Act of 2016. These changes would update the statute to make it clear that an individual convicted of aiding the enemy or spying would forfeit his or her right to gratuitous VA benefits, as was the case previously. When the precursor to section 6105 was originally enacted, article 104 of the Uniform Code of Military Justice (UCMJ) addressed the offense of aiding the enemy and article 106 addressed the offense of spying in time of war. However, the Military Justice Act of 2016, which was enacted as part of the National Defense Authorization Act for Fiscal Year 2017, renumbered various articles in the UCMJ.

**13. Equal Benefits Access Based on Marriage:** This is a proposal to amend the legislative provisions defining “spouse” and “surviving spouse” in title 38, United States Code, to remove the requirement that a spouse or surviving spouse be a person of the opposite sex. This will bring the provisions into conformance with the June 26, 2015, ruling of the United States Supreme Court in Obergefell, which found such restrictions to be unconstitutional. This proposal would also amend section 103(c) of title 38, United States Code, to ensure that the law permits VA to recognize the same-sex marriage of all Veterans.

## Office of Information Technology

**14. Cooperative Agreement and Grant-Making Authority for VA:** VA does not have the authority to enter into cooperative agreements or to make grants. The proposal would provide VA the legal authority needed to enter into cooperative agreements and to make grants to empower the Secretary to respond to emerging challenges and opportunities across all three administrations.

## Office of Management

**15. Allow Acceptance of Debt Waivers for up to 360 Days for Overpayments:** This proposal would amend 38 U.S.C. § 5302(a) to allow VA to accept debt waivers for overpayments for up to 360 days from the date of notification of the indebtedness by the Secretary to the payee. VA does not have the flexibility to consider debt waivers for overpayments, if an application for relief is not made within 180 days from the date of notification of the indebtedness by the Secretary to the payee. This proposal provides additional flexibility to Veterans by extending the window for them to submit debt waivers to 360 days, to account for life events such as moves, deployments, hospitalization or other circumstances that would otherwise preclude them from filing a waiver within the current timeline.

**16. Expand Funding Flexibility of the Pershing Hall Revolving Fund:** This legislative proposal will provide VA additional funding flexibility in using funds in the Pershing Hall Revolving Fund by amending subparagraph (6)(A) of section 403 of Public Law (P.L.) 102-86. VA controls Pershing Hall located in Paris, France. VA leased Pershing Hall on October 20, 1998 for 99 years for redevelopment as a hotel and monument. VA receives approximately \$400,000 per year in rental income from the lease. Pershing Hall is currently operated as a mixed-use development.

**17. Eliminate Requirement for Quarterly Conference Reporting:** This proposal seeks to repeal 38 U.S.C. § 517 to eliminate the requirement for the Secretary to submit quarterly reports on conferences to

the Committee on Veterans' Affairs of the Senate and the Committee on Veterans' Affairs of the House of Representatives in order to streamline the conference administrative reporting processes and to align VA's legislative requirements with those of other Federal agencies, without sacrificing the public accessibility of the desired information. Repeal of 38 U.S.C. § 517 will not eliminate the requirements for VA to monitor, control, and report conferences in a manner that minimizes expenses to the taxpayer.

**18. Changing Major Medical Lease Authorization Process and Prospectus Threshold:** VA is requesting major medical leases no longer be subject to a public law for authorization and instead be approved by the appropriate congressional committee resolution; additionally, requesting that VA's annual rent threshold for major leases be consistent with General Service Administration (GSA's) annual rent threshold.

**19. Modify 38 USC 5315(a) to Clarify SECVA Authority on Interest and Administrative Costs Charged on Delinquent Debts:** This proposal would amend Section 5315(a) of title 38, United States Code (U.S.C.), by changing the words "shall be charged, under regulations which the Secretary shall prescribe" to "may be charged, under regulations which the Secretary shall prescribe" to clarify the Department of Veterans Affairs (VA) authority when addressing interest and administrative costs charged on delinquent debts.

**20. Modify 38 U.S.C. 501(d) to Remove the Word Grants as it Applies to Rules and Regulations:** This proposal would amend Section 501(d) of title 38 U.S.C. to remove the word "grants" as being exempted from writing regulations like the provisions of section 533 of title 5 on rulemaking, which is consistent with other federal agencies. By law (38 U.S.C. 501(d)), VA grant programs are required to publish regulations, resulting in a one to two-year delay in issuing any funding for congressionally authorized grant programs. This delay in funding is the result of the long lead time required to publish regulations. The requirement to have regulations for each grant program has a negative impact on VA's ability to provide services to Veterans and their families using new grant programs.

**21. Communities Helping Invest Through Property and Improvements Needed for Veterans Act of 2016 (CHIP IN) Authority Funding Change:** VA is requesting a change to the authority to allow for the use of other funds for a CHIP IN project that are not appropriated to a specific project or facility. This change would permit the use of minor construction and medical facility funds if appropriate to do so.

**22. Enhanced-Use Lease (EUL) Program Authority Expansion:** VA is requesting changes to 38 U.S.C. § 8161 - 8169 to provide VA more opportunities to engage the private sector and local governments to further repurpose vacant and underutilized VA property beyond supportive housing and reduce the financial burden to maintain these properties. The proposal would modify the scope of VA's EUL authority to include other accounts to be used to defray the costs associated with EUL expenses and allow VA to more effectively use EUL proceeds/revenue to either defray EUL program costs or contribute towards operations, maintenance, and sustainment costs of real property assets. This proposal would also allow lease terms to extend to 99 years, and requests to withdraw the sunset provision, which would allow the EUL program to continue indefinitely.

## **Office of Acquisition, Logistics, and Construction**

**23. Creation of VHA Land Acquisition Line Item in the Major Construction Appropriation, Similar to the NCA Land Acquisition Line Item:** The legislative proposal for a VHA Land Acquisition Line Item would provide VHA the ability to secure and maintain land prior to the appropriation and authorization of a construction project. Currently, VHA acquires land through directly appropriated major construction project funding that requires authorization prior to commencing land acquisition activities. This proposal would provide VHA with the same flexibility afforded to NCA, to acquire land for identified projects when the opportunity arises, thereby reducing project delays related to the lengthy land acquisition process.

## ***VETERANS HEALTH ADMINISTRATION***

### **Medical Care Collections Fund**

**24. Eliminate Veteran Cost-Sharing for Certain Mental Health Outpatient Visits:** The Administration is seeking to expand access and lower out-of-pocket costs for outpatient mental health services. The overarching goal of this proposal and others in the FY 2023 Budget is to recognize that mental health is essential to overall health, and the United States faces a mental health crisis that has been exacerbated by the COVID-19 pandemic. VA is proposing to change the copayments for all enrolled veterans for outpatient mental health visits to \$0 for the first three visits per year by modifying 38 U.S.C chapter 17.

**25. Eliminate Veteran Cost-Sharing for Contraception:** This proposal would amend 38 U.S.C. § 1710, to eliminate VA copayments for contraception. In an effort to improve access and affordability, the Patient Protection and Affordable Care Act (ACA) (Pub. L. 111-148, as amended) and its implementing regulations and guidance eliminated out-of-pocket costs for contraception for most insurance plans. Contrary to the situation of the general United States population under certain other Federal or private insurance plans, VA still requires some Veterans to pay a copay for contraception. To improve access to contraception and improve health outcomes, VA proposes to eliminate cost-sharing for contraception medications, and to eliminate cost-sharing for contraception-related health care and services when contraception-related services are the only care provided within the visit.

**26. Update Definition of Medical Care Collections Fund (MCCF):** This proposal would create authority for TRICARE collections to be deposited into the Medical Care Collection Fund (MCCF) under 38 U.S.C. 1729A. This authority would consolidate third party payer collections, including TRICARE, CHAMPVA, False Claims Act recoveries, and other amounts recovered through administrative processes, into a single fund. This change would allow for greater efficiency in the collection process and make these new MCCF collections available for medical care programs rather than returning them directing to the Treasury Department.

**27. Third Party Payer Enforcement Provision:** This proposal would allow VA to institute administrative enforcement actions against third party payers who fail to comply with provisions of 38 U.S.C. §1729 and supporting regulations at 38 CFR §17.101 and 38 CFR §17.106. Any funds collected through this enforcement provision would be returned to the Medical Care Collections Fund (MCCF) to provide additional services to Veterans across the nation.

**28. Collection of Other Health Information:** This proposal would create an enforcement mechanism to enforce disclosure of third-party health plan contract information as required by the Jeff Miller and Richard Blumenthal Veterans Health Care and Benefits Improvement Act of 2016 (P.L. 114-315). For any Veteran not providing health plan contract information, VA would charge the Veteran at rates prescribed by 38 CFR § 17.102.

### **Medical Care**

**29. Expand VA Enhanced Enrollment for Health Care from 5 to 10 Years:** This proposal would amend 38 U.S.C. § 1710(e)(3)(A) to extend from 5 years to 10 years a Veteran's period of eligibility for VA health care under 38 U.S.C. §1710(e)(1)(D). This deadline starts from the date of discharge or release from the active military, naval, air, or space service after January 27, 2003. This extension is important as Veterans may not have applied for VA health care due a number of reasons, including long disease latency resulting in new health concerns arising beyond the current 5 year limit.

**30. Medical Student Support in Uniformed Services University of the Health Sciences Leading to VA Service Obligation:** VA currently has over 1,000 physician vacancies and urgently needs a pipeline

of well-trained physician providers and leaders. To fulfill this need, VA requests the authority to implement a joint VA-United States Public Health Service (PHS) Health Professions Scholarship Program (HPSP) for students enrolled in the Hébert School of Medicine at the Uniformed Services University of the Health Sciences (USU). This new program and legislative authority would enable VA to expand its own HPSP program and fund the education of medical students enrolled in USU as commissioned junior PHS officers and serve as VA physicians to fulfill their 10-year PHS service obligation. This program would provide VA with a committed cadre of Veteran-oriented, mission-focused physicians.

**31. Treatment Authority for Infertility Counseling and Infertility Treatment using Assisted Reproductive Technology, Including In Vitro Fertilization, for Certain Veterans and their Partners, and Authority to Provide Reimbursement for Adoption-Related Expenses for Certain Veterans:** This legislative proposal would enhance equity by expanding access to Assisted Reproductive Technology (ART), including in vitro fertilization (IVF) and adoption reimbursement to single Veterans, those in same-sex relationships, and those who need donor gametes and/or embryos to build their families. This legislative proposal is necessary to fill the gap created by the legal requirements, exclusions, and limitations in VA's current program. It would also help VA comply with its statutory mission to provide a complete set of hospital and medical services for Veterans.

**32. Expand Military Sexual Trauma (MST) Related Care Eligibility to Include Former National Guard/Reserve Members Who Did Not Serve on Active Duty:** The proposed legislative authority would amend VA's special treatment authority for Military Sexual Trauma (MST) under 38 U.S.C. § 1720D by adding a new paragraph (3) under subsection (g) that amends the term 'former member of the Armed Forces' as used in the section to include former members of the National Guard or Reserves (NG/R) who never served on "active military, naval, or air service," and who were discharged or released from reserve component service under conditions other than a dishonorable discharge or a discharge by court-martial. The proposed change addresses the disparity among former members of the NG/R who are currently ineligible for MST-related care, despite experiencing sexual assault or sexual harassment during NG/R duties, due to current legislative requirements for MST-related care requiring active service (as defined by 38 U.S.C. § 101(24)).

**33. Maintaining Consistent Access to Critical Treatments Through Telehealth :** This proposal would amend 38 U.S.C. § 1730C (Licensure of Health Care Professionals of the Department of Veterans Affairs Providing Treatment Via Telemedicine) to specify that VA-employed providers, delivering care to Veterans as part of their VA duties, would not be subject to state laws governing the prescription of controlled substances through telehealth. The amendment would require covered health care professionals to instead follow Federal standards related to quality, control, and safety for controlled substance prescribing through telemedicine which VA would establish in consultation with the Attorney General. Establishing a single Federal framework of standards for telehealth controlled substance prescribing would enable VA to provide the same level of service to Veterans irrespective of their location in a state or their providers' state of licensure.

**34. Title 38 Compensation System for Medical Center Directors and Network Directors:** This proposal would establish a compensation system under title 38 for the Veterans Health Administration (VHA) occupations of Medical Center Director and Veterans Integrated Service Network (VISN) Director appointed under 38 U.S.C. § 7401(4). Under this system, the rates of pay for employees in these positions would be set and adjusted by the Secretary. Under the proposal pay would be determined through a methodology similar to the market pay authority currently in place for VHA physicians, dentists, and podiatrists under title 38 U.S.C. § 7431.

**35. Aggregate Pay Limitation for VHA Physicians, Podiatrists, and Dentists:** This proposal would modify 38 U.S.C. § 7431 to eliminate the performance pay and the base and longevity pay components of the physician, podiatrist, and dentist pay system under 38 U.S.C. §§ 7431(a)(3) and (d); and to eliminate

the aggregate pay limitation on the “total amount of compensation” under 38 U.S.C. § 7431(e)(4). In its place, VHA proposes to have a single market pay component, which would include enhanced market pay criteria that addresses productivity and performance measures.

**36. Schedule A - Temporary Appointments for Title 5 Occupations:** During the COVID-19 pandemic, the Office of Personnel Management granted VA the authority to use Schedule A hiring authority under 5 CFR 213.3102(i)(3), which allows for appointment of title 5 staff on a temporary basis without regard to competitive procedures. This legislative proposal would grant VA a similar authority to make temporary excepted service appointments during a period of emergency or crisis in Veterans' health care, or other operational impediment significantly affecting VA health care, as declared by the Secretary of Veterans Affairs.

**37. Assistant Under Secretary for Health (AUSH) Non-Physician Limitation:** This proposal incorporates changes to sections of 38 U.S.C. 7306 to allow for greater organizational flexibility and administrative efficiency. Currently, Section 7306(a)(3) limits the number of ASUHs to eight. 7306(b)(1) further provides that of those eight appointed under 7306(a)(3), not more than two may be persons qualified in the administration of health services who are not doctors of medicine, dental surgery, or dental medicines. While VHA recognizes the need for a clinical background for some AUSH roles, the requirements of those specific AUSH positions should be identified in the position itself as opposed to statute. VHA requests that the USH have discretion to designate the appropriate number of AUSH positions and to determine the appropriate makeup of clinical and non-clinical executives to fill those positions.

**38. Establish Office of Research and Development (ORD) Hiring Authority Under Title 38:** This proposal would modify title 38 U.S.C. to specifically cover employees appointed into the excepted service to support ORD research activities in VHA. Current statute does not explicitly cover research positions in VHA, thus requiring ORD to use a patchwork of complex authorities to hire individuals. The current process makes it difficult to hire individuals with the requisite skills in a timely fashion and to keep experienced staff in the VA to maintain continuity of the research program. The proposed shift to a single appointing authority using the title 38 personnel system would allow VHA to ensure continuity and support of unique research needs through the title 38 staffing and recruitment flexibilities.

**39. Reporting to Public Health Authorities:** This proposal is an amendment to 38 U.S.C. § 5701 to permit disclosure of health information, including Veteran name and address, to state and local public health authorities for disease and immunization reporting when not explicitly mandated by state law. Historically, 38 U.S.C. § 5701(f) has prevented VHA from providing or sharing patient information relating to communicable or infectious disease, immunization, and other public health and safety reporting with state and local public health authorities unless the reporting requirement is mandated by state law or the Veteran has provided individual signed, written consent. The restriction under title 38 U.S.C. poses barriers to the coordination of public health and safety of our Veterans and communities when compared to other confidentiality provisions, such as the Privacy Act and the Health Insurance Portability and Accountability Act (HIPAA) Privacy Rule, that govern the sharing of health information.

**40. Access to State Prescription Drug Monitoring Programs:** This proposal seeks to amend 38 U.S.C. § 1730B (Access to State Prescription Drug Monitoring Programs), in order to correct uncertainties in the language of the original text. This proposal is needed in order to ensure prescription drug monitoring program queries are conducted any time there is a verifiable clinical need, and by any staff qualified to do so.

**41. Increase the Expenditure Cap to Provide Non-Institutional Care Alternatives to Nursing Home Care:** This proposal would amend 38 U.S.C. § 1720C(d). Under the current statute, the total cost of non-institutional care (NIC) for a Veteran may not exceed 65% of the cost for nursing home care. This proposal allows VA Medical Centers to expand their ability to provide non-institutional care in the

Veteran's home, up to the cost of nursing home care. Changing the statute allows VA to spend up to 100% of nursing home costs.

**42. VA Payment for Medical Foster Home (MFH):** This proposal would require VA to include in the program of extended care services the provision of care in approved medical foster homes (MFH) for Veterans for whom VA is required to provide nursing home care. MFHs provide an alternative to long-stay nursing home (NH) care at a much lower cost. The program has already proven to be safe, preferable to Veterans, highly Veteran-centric, and half the cost compared to NH care.

**43. Consultation on Specific Cases for Community Providers Treating Veterans :** This proposal seeks new authorities under section 110(c) of Public Law 98-528 (38 U.S.C. 1712A), providing VA's Post Traumatic Stress Disorder (PTSD) Consultation Program the authority to consult on specific cases where identifiable information may be revealed by providers in the community who are treating Veterans for PTSD. Such authority is of the utmost importance given the expansion of the community care program under the MISSION Act of 2018, and is needed in order to enhance Veterans' access to high-quality, evidence-based, and culturally sensitive care for PTSD in the community.

**44. Supportive Services for Very Low-Income Veterans Families (SSVF):** VA proposes to authorize appropriations at the necessary amounts for the SSVF program beginning in FY 2022 and in perpetuity. The SSVF Program provides supportive services to very low-income Veteran families in or transitioning to permanent housing. Funds are granted to private non-profit organizations and consumer cooperatives that assist very low-income Veteran families by providing a range of supportive services designed to promote housing stability.

**45. 38 U.S.C. 2031(b) Services for Seriously Mentally Ill Veterans, Including Homeless Veterans:** This proposal seeks to extend by five years the authority under 38 U.S.C. 2031 (b), of the Health Care for Homeless Veterans (HCVC) program, that is due to expire at the end of September 2022. The HCVC program serves as a gateway to VA healthcare, mental health and substance use treatment, and linkage to other community care and resources. Through HCVC, veterans are offered immediate resources to escape street homelessness and support to assist them to move into permanent housing or to seek alternative care and treatment as needed. The expiration of the HCHV authority would effectively suspend residential services to the 3,256 homeless veterans who are currently residing and participating in HCHV contracted residential services programs, and ensure continuity of care for homeless and at-risk Veterans.

**46. Additional Services for Seriously Mentally Ill Veterans, Including Homeless Veterans (38 U.S.C. 2033 Additional Services at Certain Locations):** Currently, 38 U.S.C. 2031 (b) allows the Health Care for Homeless Veterans (HCHV) program to provide services to seriously mentally ill and homeless Veterans. VA proposes to extend by five years the authority due to expire at the end of September 2023. Under this authority, HCHV provides funding to VA medical centers (VAMCs) to support full-time equivalent (FTE) employees who conduct outreach to homeless Veterans to establish trust and facilitate entry to appropriate VA and community services.

## ***NATIONAL CEMETERY ADMINISTRATION***

### **National Cemetery Administration**

**47. Use VA Nonprofit Research and Education Corporations (NPC) to support the Veterans Legacy Program (VLP):** This proposal seeks to amend the current authority for the NPCs, at 38 U.S.C. § 7361 et. seq., by adding a provision allowing an NPC established under that authority to support VLP activities. This would not be a new type of NPC, as an NPC that agrees to provide this support for VLP would have to comply with all the requirements in Subchapter IV of Chapter 73, plus additional requirements that are specific to support of VLP. An NPC that supports VLP under this proposed legislation would also be



authorized to solicit donations to VLP under the gift solicitation authority. Any donations received by the NPCs for NCA would only be used for VLP activities approved by the NCA VLP Director.

**48. Establish Green Burial Sections in VA National Cemeteries:** This proposal seeks to amend 38 U.S.C. § 2404 to allow NCA to designate sections in national cemeteries as green burial sections, and to make conforming amendments to section 2404(c), to allow marking of gravesites by means other than upright headstones; and to section 2306, to allow for an exception to using outer burial receptacles. VA national cemeteries presently offer two main types of interment: burial of casketed remains and interment of cremated remains in an in-ground burial site, within a columbarium, or scattered in a memorial garden. As VA embraces its goal to become a more Veteran- and family-centric organization, NCA is challenged with ensuring that its burial and memorialization services meet the changing needs and preferences of Veterans in the twenty-first century.

**49. Land Conveyance from Department of the Army (Army) to VA for Expansion of Fort Bliss National Cemetery:** This proposal seeks to amend 38 U.S.C. Chapter 24 to authorize the conveyance of approximately two acres of land from DoD to VA for use as a national cemetery.

**50. Prohibiting Interment of Individuals Who Are Found to Have Committed a Tier III Sex Offense under State Law but Avoided Conviction due to Death or Flight to Avoid Prosecution:** This proposal seeks to amend 38 U.S.C. § 2411 to prohibit interment or memorialization in a national cemetery of a person who is found to have committed a tier III sex offense under State law but avoided conviction due to death or flight to avoid prosecution. Under the current statutory language, an otherwise eligible person who is found to have committed a qualifying tier III sex offense may or may not be memorialized anywhere or interred in a VA national cemetery or in Arlington National Cemetery, dependent solely on whether the alleged crime is a Federal crime or State crime. The deciding factor is whether prosecution would have occurred at the Federal or State level. This is particularly problematic when the alleged criminal act could have been prosecuted under either Federal or State law, and the choice of which body of law is applied depends solely on law enforcement and prosecutorial discretion. To prohibit interment or memorialization of persons who committed a tier III sex offense chargeable under Federal law, but not under State law, could result in adverse media and public scrutiny.

**51. Authority for Department of Interior to Transfer Jurisdiction of Land to VA for Cemetery Development:** This proposal seeks authority for the permanent transfer of jurisdiction of land from the Department of the Interior, Bureau of Land Management to VA for use as a national cemetery under 38 U.S.C. Chapter 24.

## ***VETERANS BENEFITS ADMINISTRATION***

### **Compensation Service**

**52. Extend the Authority for Operations of the Manila VA Regional Office (RO):** This proposal seeks to extend the authority currently provided by 38 U.S.C. § 315(b) to maintain the operations of the Manila RO from October 1, 2022, to December 31, 2025.

### **Loan Guaranty**

**53. Extend authority for Specially Adapted Housing Temporary Residence Adaptation grant:** This proposal would extend the authority of the Secretary to award SAH TRA grants through September 30, 2032. Section 101 of the Veterans' Housing Opportunity and Benefits Improvement Act of 2006, codified at 38 U.S.C. § 2102A, established the TRA grant with a sunset date of 5 years from enactment. Public Law 109-233, section 101, 120 Stat. 397 (2006). Congress has since extended the sunset date two times. Most recently, Congress extended the program authority, via section 205 of the Honoring America's

Veterans and Caring for Camp Lejeune Families Act of 2012, through December 31, 2022. Public Law 112-154, section 205, 126 Stat. 1165 (2012).

**54. Extend Authority for the Specially Adapted Housing (SAH) Assistive Technology Grant**

**Program:** This proposal would extend the authority of the Secretary to award SAH Assistive Technology (SAHAT) grants and administer the program through September 30, 2027. Section 203 of Public Law (P.L.) 111-275 (Veterans' Benefits Act of 2010), codified at 38 U.S.C. § 2108, established the SAHAT grant program with a sunset date of September 30, 2016. Congress has since extended the sunset date four times. Most recently, Congress extended the program authority, via section 5201 of Public Law 116-159, through September 30, 2022.

**Office of Business Integration**

**55. Modernize VA's Records Management Program:** This proposal would amend Title 38, U.S.C., by creating a new section 5707 to codify VBA's procedures with respect to imaged source paper files, input records, reports, or other documents under the Records Control Schedule required by Title 44, U.S.C.



## Total Legislative Proposal Summary Table

Count	Legislative Proposal Title (\$ in thousands)	Office/ Admin	Program	Discretionary or Mandatory	2023	Five-Year Total (2023-2027)	Ten-Year Total (2023-2032)
1	Definition of "Reasons or Bases" for Decisions	Other	BVA	DISC	-	-	-
2	Establish an Exception to the Restricted Position Hiring Requirements for Housekeeping Aides	Other	HRA	DISC	-	-	-
3	Use of the VA Franchise Fund to Sell Law Enforcement Training to State and Local Law Enforcement Partners Receiving Federal Grants	Other	HRA	DISC	-	-	-
4	Request Reimbursable Authority for Realigned Alternative Dispute Resolution Function within the Office of Human Resources and Administration (HRA) and Consolidate Reimbursable Authority Request for the Office of Resolution Management, Diversity & Inclusion (ORMDI)	Other	HRA	DISC	-	-	-
5	Executive Management Fellowship (EMF) Program	Other	HRA	DISC	-	-	-
6	Elimination of Congressionally Mandated Report (CMR) on Nurses and other Health Care Personnel: Competitive Pay	Other	HRA	DISC	-	-	-
7	Change Due Date of Annual Report to Congress on Performance Awards and Bonuses Awarded to Certain High-Level VA Employees	Other	HRA	DISC	-	-	-
8	Change the Title of the VA Appropriation Account General Administration to Mission and Veterans Support Programs	Other	HRA	DISC	-	-	-
9	Increased Assessment Amount and Limited Transfer Authority for Funding for the Accreditation, Discipline, and Fees Program	Other	OGC	DISC	(478)	(2,390)	(4,780)
10	Guardianship	Other	OGC	DISC	-	-	-
11	Reinstatement of Penalty for Certain Acts	Other	OGC	DISC	-	-	-
12	Conforming Amendment to 38 USC 6105	Other	OGC	DISC	-	-	-
13	Equal Benefits Access Based on Marriage	Other	OGC	DISC	-	-	-
14	Cooperative Agreement and Grant-Making Authority for VA	Other	OIT	DISC	-	-	-
15	Allow Acceptance of Debt Waivers for up to 360 Days for Overpayments	Other	OM	DISC	-	-	-
16	Expand Funding Flexibility of the Pershing Hall Revolving Fund	Other	OM	DISC	(400)	(2,000)	(4,000)
17	Eliminate Requirement for Quarterly Conference Reporting	Other	OM	DISC	(10)	(53)	(115)
18	Changing Major Medical Lease Authorization Process and Prospectus Threshold	Other	OM	DISC	-	-	-
19	Modify 38 USC 5315(a) to Clarify SECVA Authority on Interest and Administrative Costs Charged on Delinquent Debts	Other	OM	DISC	-	-	-
20	Modify 38 U.S.C. 501(d) to Remove the Word Grants as it Applies to Rules and Regulations	Other	OM	DISC	-	-	-
21	Communities Helping Invest Through Property and Improvements Needed for Veterans Act of 2016 (CHIP IN) Authority Funding Change	Other	OM	DISC	85	255	255
22	Enhanced-Use Lease (EUL) Program Authority Expansion	Other	OM		-	-	-
23	Creation of VHA Land Acquisition Line Item in the Major Construction Appropriation, Similar to the NCA Land Acquisition Line Item	Other	OALC/CFM	DISC	-	-	-
	<b>Subtotal, Other</b>				<b>(803)</b>	<b>(4,188)</b>	<b>(8,640)</b>

Count	Legislative Proposal Title (\$ in thousands)	Office/ Admin	Program	Discretionary or Mandatory	2023	Five-Year Total (2023-2027)	Ten-Year Total (2023-2032)
24	Eliminate Veteran Cost-Sharing for Certain Mental Health Outpatient Visits	VHA	MCCF	DISC	4,985	25,561	51,360
25	Eliminate Veteran Cost-Sharing for Contraception	VHA	MCCF	DISC	24,000	131,000	328,000
26	Update Definition of Medical Care Collections Fund (MCCF)	VHA	MCCF	DISC	-	-	-
27	Third Party Payer Enforcement Provision	VHA	MCCF	DISC	-	(12,527)	(49,753)
28	Collection of Other Health Information	VHA	MCCF	DISC	(6,963)	(37,221)	(79,875)
29	Expand VA Enhanced Enrollment for Health Care from 5 to 10 Years	VHA	VHA	DISC	39,363	195,658	466,484
30	Medical Student Support in Uniformed Services University of the Health Sciences Leading to VA Service Obligation	VHA	VHA	DISC	320	11,197	43,067
31	Treatment Authority for Infertility Counseling and Infertility Treatment using Assisted Reproductive Technology, Including In Vitro Fertilization, for Certain Veterans and their Partners, and Authority to Provide Reimbursement for Adoption-Related Expenses for Certain Veterans	VHA	VHA	DISC	10,570	54,660	116,690
32	Expand Military Sexual Trauma (MST) Related Care Eligibility to Include Former National Guard/Reserve Members Who Did Not Serve on Active Duty	VHA	VHA	DISC	3,068	29,751	84,887
33	Maintaining Consistent Access to Critical Treatments Through Telehealth	VHA	VHA	DISC	-	-	-
34	Title 38 Compensation System for Medical Center Directors and Network Directors	VHA	VHA	DISC	16,366	81,830	163,660
35	Aggregate Pay Limitation for VHA Physicians, Podiatrists, and Dentists	VHA	VHA	DISC	7,801	31,133	77,150
36	Schedule A - Temporary Appointments for Title 5 Occupations	VHA	VHA	DISC	-	-	-
37	Assistant Under Secretary for Health (AUSH) Non-Physician Limitation	VHA	VHA	DISC	-	-	-
38	Establish Office of Research and Development (ORD) Hiring Authority Under Title 38	VHA	VHA	DISC	-	-	-
39	Reporting to Public Health Authorities	VHA	VHA	DISC	-	-	-
40	Access to State Prescription Drug Monitoring Programs	VHA	VHA	DISC	-	-	-
41	Increase the Expenditure Cap to Provide Non-Institutional Care Alternatives to Nursing Home Care	VHA	VHA	DISC	-	-	-
42	VA Payment for Medical Foster Home (MFH)	VHA	VHA	DISC	(15,319)	(156,281)	(596,173)
43	Consultation on Specific Cases for Community Providers Treating Veterans	VHA	VHA	DISC	-	-	-
44	Supportive Services for Very Low-Income Veterans Families (SSVF)	VHA	VHA	DISC	-	-	-
45	38 U.S.C. 2031(b) Services for Seriously Mentally Ill Veterans, Including Homeless Veterans	VHA	VHA	DISC	-	-	-
46	Additional Services for Seriously Mentally Ill Veterans, Including Homeless Veterans (38 U.S. C. 2033 Additional Services at Certain Locations)	VHA	VHA	DISC	-	-	-
	<b>Subtotal, Veterans Health Administration</b>				<b>84,191</b>	<b>354,761</b>	<b>605,497</b>
47	Use VA Nonprofit Research and Education Corporations (NPC) to support the Veterans Legacy Program (VLP)	NCA	NCA	DISC	-	-	-
48	Establish Green Burial Sections in VA National Cemeteries	NCA	NCA	DISC	-	-	-
49	Land Conveyance from Department of the Army (Army) to VA for Expansion of Fort Bliss National Cemetery	NCA	NCA	DISC	-	-	-
50	Prohibiting Interment of Individuals Who Are Found to Have Committed a Tier III Sex Offense under State Law but Avoided Conviction due to Death or Flight to Avoid Prosecution	NCA	NCA	DISC	-	-	-
51	Authority for Department of Interior to Transfer Jurisdiction of Land to VA for Cemetery Development	NCA	NCA	DISC	-	-	-
	<b>Subtotal, National Cemetery Administration</b>				<b>-</b>	<b>-</b>	<b>-</b>
52	Extend the Authority for Operations of the Manila VA Regional Office (RO)	VBA	CS	DISC	-	-	-
53	Extend authority for Specially Adapted Housing Temporary Residence Adaptation grant	VBA	LGY	MAND	810	4,253	9,052
54	Extend Authority for the Specially Adapted Housing (SAH) Assistive Technology Grant Program	VBA	LGY	MAND	1,000	5,000	5,000
55	Modernize VA's Records Management Program	VBA	OBI	DISC	-	-	-
	<b>Subtotal, Veterans Benefits Administration</b>				<b>1,810</b>	<b>9,253</b>	<b>14,052</b>
	<b>Total Legislative Proposals</b>				<b>85,198</b>	<b>359,826</b>	<b>610,909</b>



## *Legislative Authorization of Programs*

The authorizations for VA’s programs are contained in title 38 of the U.S. Code. With the exception of major medical construction projects and certain leases, annual authorization by the legislative committees and the Congress is not required. However, title 38 does provide for certain multiple-year authorizations for specific purposes. The authorization of the following items is limited by title 38 in regard to the time and/or amount as indicated:

### Compensation and Pension

<b>Section of U.S.C. Citation</b>	<b>Public Law Citation</b>	<b>Public Law Citation Most Recent Extension</b>	<b>Title</b>	<b>Description</b>	<b>Expiration Date</b>
38 U.S.C. 5503(d)(7)	P.L. 101-508, § 8003(a)	P.L. 116-315, § 2013	Pension Limitations Regarding Medicaid (Medicaid Offset)	Reduction of pension to certain Medicaid eligible veterans and surviving spouses receiving care in nursing homes.	10/30/2028
38 U.S.C. 1116(e)	P.L. 102-4, § 2(a)(1)	P.L. 107-103 § 201(d)(1)	Agent Orange- Presumptions of Service Connection	Presumptions of Service Connection for Diseases Associated with Exposure to Certain Herbicide Agents: Presumption of Exposure for Veterans who Served in the Republic of Vietnam	9/30/2015
38 U.S.C. 1116, (Note)	P.L. 102-4, § 3	P.L. 116-159, § 5404	Agent Orange - Agreement with National Academy of Sciences	Requires VA to contract with National Academies of Sciences for biennial review of literature on health effects of Agent Orange exposure	9/30/2022

## **Compensation and Pension (continued)**

<b>Section of U.S.C. Citation</b>	<b>Public Law Citation</b>	<b>Public Law Citation Most Recent Extension</b>	<b>Title</b>	<b>Description</b>	<b>Expiration Date</b>
38 U.S.C. 5317(g); 26 USC 6103(l)(7)(D)(viii)	P.L. 101-508 § 8051	P.L. 116-315, § 2012	IRS Data Matching	Access to IRS data for purposes of verifying eligibility for pension (Use of Income Information from IRS and SSA)	9/30/2030
38 U.S.C. 503(c)	P.L. 102-83 § 2(a)	P.L. 116-159, § 5402	Administrative Error for Equitable Relief	Required reports on dispositions of recommendations for equitable relief	12/31/2022
38 U.S.C. 5110(b)(2)	P.L. 112-154, sec. 506	N/A	Disability Comp-Retroactive Effective Date for Fully Developed Claims	Authority for retroactive effective date for awards of disability compensation in connection with applications that are fully developed at submittal	8/6/2015

## **Readjustment Benefits**

<b>Section of U.S.C. Citation</b>	<b>Public Law Citation</b>	<b>Public Law Citation Most Recent Extension</b>	<b>Title</b>	<b>Description</b>	<b>Expiration Date</b>
10 U.S.C. 1071 (Note)	P.L. 110-181 § 1631 (b)(2)	P.L. 115-251 § 126	Vocational Rehabilitation for Seriously Disabled Servicemembers	Vocational rehabilitation for certain seriously disabled servicemembers	N/A (P.L. 115-251 made this authority permanent)
38 U.S.C. 3485(a)(5)(A), (C), and (F)	P.L. 107-103	P.L. 115-48, § 201	Enhanced Work-Study Allowance	Enhanced Work Study Allowance	N/A (P.L. 115-48 made this authority permanent)

## **Housing**

<b>Section of U.S.C. Citation</b>	<b>Public Law Citation</b>	<b>Public Law Citation Most Recent Extension</b>	<b>Title</b>	<b>Description</b>	<b>Expiration Date</b>
38 U.S.C. 3729(b)(2)(A)(ii), (B)(ii), (C)(ii), (D)(ii)	P.L. 108-183, § 405	P.L. 116-154, § 7	Housing Loans-Collection of Increased Fees	Loan Fees Collections [adjusts the loan fee for certain loans]	4/6/2023
38 U.S.C. 3729(b)(2)(A)(iii), (B)(iii), (C)(iii), (D)(iii)	P.L. 108-183, § 405	P.L. 116-23, § 6(b), (c)	Housing Loans-Collection of Increased Fees	Loan Fees Collections [adjusts the loan fee for certain loans]	9/30/2029
38 U.S.C. 3729(b)(2)(A)(iv), (B)(iv), (C)(iv), (D)(iv)	P.L. 108-183, § 405	P.L. 116-315, § 2103	Housing Loans-Collection of Increased Fees	Loan Fees Collections [adjusts the loanfee for certain loans]	Becomes effective on10/1/30
38 U.S.C. 2102A	P.L. 109-233, § 101(a)	P.L. 112-154, § 205(a)-(c)	SAH for Veterans Temporarily Residingw/Family	Specially-Adapted Housing Assistance (SAH) for Veterans temporarily residingwith family members.	12/31/2022
38 U.S.C. 3733(a)(7)	P.L. 108-183, § 404	P.L. 116-61, § 2	Vendee Loans-Change in Program Requirements	Change Vendee Loan Program	9/30/2020
38 U.S.C. 3733(a)(8)	P.L. 116-159, § 5405	P.L. 116-159, § 5405	Vendee Loans-Change in Program Requirements	Change Vendee Loan Program	9/30/2025
38 U.S.C. 2108	P.L. 111-275, § 203(a)	P.L. 116-159, § 5201	SAH Assistive Technology Grant	Specially Adapted Housing AssistiveTechnology Grant	9/30/2022



## **Programs for Homeless Veterans**

<b>Section of U.S.C. Citation</b>	<b>Public Law Citation</b>	<b>Public Law Citation Most Recent Extension</b>	<b>Title</b>	<b>Description</b>	<b>Expiration Date</b>
38 U.S.C. 2044(e)(1)(H) )	P.L. 110-387 §606	P.L. 116-159 §5305	Homeless Veterans-Financial Assistance for Supportive Services (for very low income veterans in permanent housing)	Financial assistance for supportive services for very low- income veteran families in permanent housing	9/30/2022
38 U.S.C. 2061(d)(1)	P.L. 107-95 § 5(a)(1)	P.L. 116-159 §5306	Homeless Veterans-Grant Program for Homeless Veterans with Special Needs	Grant Program for Homeless Veterans with Special Needs	9/30/2022
38 U.S.C. 2021(e)(1)(F) )	P.L. 107-95 § 5(a)(1)	P.L. 116-159 §5301	Homeless Veterans-Reintegration Programs	Homeless Veterans reintegration programs	9/30/2022
38 U.S.C. 8118(a)(5)	P.L. 102-54 §9(a)	P.L. 116-159, div. E, title I, §5103	Homeless Veterans-Assistance through Real Property Transfers	Real Property Transfers for Homeless Veterans Assistance (Housing Assistance for Homeless Veterans)	9/30/2022

## **Medical Care**

<b>Section of U.S.C. Citation</b>	<b>Public Law Citation</b>	<b>Public Law Citation Most Recent Extension</b>	<b>Title</b>	<b>Description</b>	<b>Expiration Date</b>
38 U.S.C. 2066(d)	P.L. 107-95 § 5(a)(1)	P.L. 115-251 §147	Homeless Veterans- Advisory Committee	Advisory Committee on Homeless Veterans	9/30/2022
38 U.S.C. 2031(b)	P.L. 105-114 § 202(a)	P.L. 116-159 §5304(a)	Homeless & Seriously Ill Veterans- Treatment/Rehab	Treatment and Rehabilitation for Seriously Mentally Ill and Homeless Veterans- General treatment	9/30/2022
38 U.S.C. 2033(d)	P.L. 105-114 § 202(a)	P.L. 116-159 §5304(b)	Homeless & Mentally Ill Veterans- Additional Services	Treatment and Rehabilitation for Seriously Mentally Ill and Homeless Veterans- Additional services at certain locations	9/30/2022
38 U.S.C. 1703, (Note)	P.L. 110-387 § 403	P.L. 114-223, Division A, § 242	Contract Care Authority for Highly Rural Veterans [Pilot Program; AKA Project ARCH]	Pilot program under which the Secretary provides covered health services to covered veterans through qualifying non-Department of Veterans Affairs health care providers	9/30/2017
38 U.S.C. 1710A(d)	P.L. 106-117 § 101(a)	P.L. 116-159 §5102	Nursing Home Care for Certain Service-Connected Veterans	Required nursing home care for certain service-connected veterans	9/30/2022

## **Medical Care**

<b>Section of U.S.C. Citation</b>	<b>Public Law Citation</b>	<b>Public Law Citation Most Recent Extension</b>	<b>Title</b>	<b>Description</b>	<b>Expiration Date</b>
38 U.S.C. 1712A, (Note)	P.L. 111-163 §203	P.L. 116-159 § 5106; But seealso P.L. 116-315, § 5104	Counseling in RetreatSettings [Pilot]	Pilot Program on Counseling in retreatsettings for women Veterans newly separated from service in the Armed Forces	9/30/2022
38 U.S.C. 1710, (Note)	P.L. 111-163 § 307	P.L. 116-159 § 5105	Grants to VSOs for Transportation of Highly Rural Veterans	Grant program to provide innovativetransportation options to veterans in highly rural areas.	9/30/2022
38 U.S.C. 1710, (Note)	P.L. 111-163 §205	P.L. 116-159 § 5104	Child Care Assistance for Certain Veterans Receiving Health Care[Pilot]	Pilot Program on assistance for ChildCare for certain Veterans receiving health care	9/30/2022
38 U.S.C. 1710C, (Note)	P.L. 110-181 § 1705	P.L. 115-62 § 107	Assisted Living Services for TBI [Pilot]	Pilot program to assess the effectiveness of providing assisted living services to eligible Veterans to enhance the rehabilitation, quality of life, and community integration of such Veterans.	1/6/2018
38 U.S.C. 1712C	P.L. 111-163, sec. 510	P.L. 114-218	Dental Insurance Plans [Pilot]	Program on provision of dental insurance plans to Veterans and survivors and dependents of Veterans.	12/31/2021

## **Medical Care**

<b>Section of U.S.C. Citation</b>	<b>Public Law-Citation</b>	<b>Public Law Citation Most Recent Extension</b>	<b>Title</b>	<b>Description</b>	<b>Expiration Date</b>
38 U.S.C. 1720G	P.L. 110-387 §101	P.L. 115-251 § 103	Family Caregivers Program	Assistance and support services for caregivers.	No Expiration Date
38 U.S.C. 111A(a)(2)	P.L. 112-260 section 202	P.L. 116-159 § 5204	Transportation of Beneficiaries	Transportation of beneficiaries to and from facilities of Department of Veterans Affairs.	9/30/2022
38 U.S.C. 7619	P.L. 113-146	P.L. 115-182	Health Professionals Educational Assistance Scholarship Program	Health Professionals Educational Assistance Scholarship Program	12/31/2033
38 U.S.C. 322(d)(4)	P.L. 110-389 § 703	P.L. 115-251 § 163	Monthly Assistance Allowance for Disabled American Veterans	Office of National Veterans Sports Programs and Special Events - Monthly Assistance Allowance	9/30/2020
38 U.S.C. 521A	P.L. 110-389 § 701-702	P.L. 115-251 § 165	Grants for Adaptive Sports Assistance Program (formerly limited to Paralympics)	VA/VHA initiatives in support of disabled Veterans and disabled Servicemembers participating in adaptive sports.	9/30/2020

## **Co-Payments and Medical Care Cost Recovery**

<b>Section of U.S.C. Citation</b>	<b>Public Law Citation</b>	<b>Public Law Citation Most Recent Extension</b>	<b>Title</b>	<b>Description</b>	<b>Expiration Date</b>
38 U.S.C. 1710(f)(2)(B)	P.L. 111-163, section 517	P.L. 116-159 § 5101	Co-pays for Hospital and Nursing Home Care	Copayments for Hospital Care and Nursing Home Care	9/30/2020
38 U.S.C. 1729(a)(2)(E)	P.L. 111-163 §518	P.L. 115–251, §104 removed (a)(2)(E)	Medical Care Cost Recovery	Medical care cost recovery authority(Third-party Billing)	No Expiration No Expiration Date
38 U.S.C.§ 1703(d)(4)	P.L. 108-422 § 601	P.L. 115-182, §101	Recovery Audits	Recovery Audits for certain contracts under 38 USC 1703	The MISSION Act did not contain continued auth. for the 1703(d)(4)

## **VA/DoD Joint Sharing Funds**

<b>Section of U.S.C. Citation</b>	<b>Public Law Citation</b>	<b>Public Law Citation Most Recent Extension</b>	<b>Title</b>	<b>Description</b>	<b>Expiration Date</b>
38 U.S.C. 8111(d)		P.L. 116-92, div. A, title VII,sec. 736	VA-DOD Joint Incentives for Sharing Initiatives	VA-DOD Joint Incentives for Sharing Initiatives	9/30/2023
	P.L. 111-84 § 1704, as amended	P.L. 116-283, sec. 743	VA -DoD Joint Funding for Medical Facility Demonstration Fund	VA-DoD Joint funding authority for Medical facility demonstration fund	9/30/2022

## **General Operating Expenses**

<b>Section of U.S.C. Citation</b>	<b>Public Law Citation</b>	<b>Public Law Citation Most Recent Extension</b>	<b>Title</b>	<b>Description</b>	<b>Expiration Date</b>
38 U.S.C. 315(b)	P.L. 102-83, § 2 (a)	P.L. 116-159, § 5203	Manila, Philippines Regional Office	Philippines Regional Office	9/30/2022
38 U.S.C. 5101, (Note)	P.L. 108-183, § 704	P.L. 115-91, Div. A, sec. 529	Contract Disability Claims	Contract medical Disability Exams - (Temporary authority for performance of medical disability examinations by contract physicians)	12/31/2018
38 U.S.C. 5317A(d); 42USC 653 (j) (11)	P.L. 110-157 § 301	P.L. 113-37, § 3	NDNH Income Verification	Authority to use National Directory of New Hires for income verification purposes for certain veteran benefits	3/29/2014
38 U.S.C. 3692(c)	P.L. 89-358, sec.	P.L. 115-48, sec. 306	Advisory Committee on Education	Advisory Committee on Education	12/31/2022
38 U.S.C. 544(e)	P.L. 103-446 § 510(a)	P.L. 115-251, sec. 166	Advisory Committee on Minority Veterans	Advisory Committee on Minority Veterans	9/30/2022

**Information Technology**

<b>Section of U.S.C. Citation</b>	<b>Public Law Citation</b>	<b>Public Law Citation Most Recent Extension</b>	<b>Title</b>	<b>Description</b>	<b>Expiration Date</b>
38 U.S.C. 7907	P.L. 109-461, sec. 903	P.L. 109-461, sec. 903	VA Information Security Education Assistance Program	Provides educational assistance to IT professionals who then work for the Department.	7/31/2017

## **Veterans Benefits**

<b>Section of U.S.C. Citation</b>	<b>Public Law Citation</b>	<b>Public Law Citation Most Recent Extension</b>	<b>Title</b>	<b>Description</b>	<b>Expiration Date</b>
38 U.S.C. 8161-8169	P.L. 102-86, Title IV, Section 401(a)	P.L. 112-154 §211(j)	Enhanced Use Leasing	Authority to lease VA property for selected Lessees to provide Supportive Housing for Veterans on a priority basis, and provide VA with negotiated monetary consideration.	12/31/2023
38 U.S.C. 3703 (Note)	P.L. 110-389, § 504(a)	P.L. 112-154, § 702(c)	Housing Loans- Temporary Increase to Maximum Guaranty Amount	Temporary Increase to Maximum Guaranty Amount	12/31/2014
38 U.S.C. 2041(c)	P.L. 102-54, § 9(a)	P.L. 114-228, § 304	Homeless Veterans Housing Assistance	Housing assistance for homeless veterans	9/30/2017
38 U.S.C. 1117(c)(2); 38 USC 1118(e)	P.L. 105-277 § 1602(a), (c)	P.L. 107-103 § 202(d)(1)	Gulf War- Presumption of Service Connection	Provisions governing creation or removal of Presumptions of service-connection for Gulf War Illness	9/30/2011
38 U.S.C. 3710(a)(12)	P.L. 109-461, § 501	N/A	Loan Guarantees for Residential Co-op	Loan Guarantees for Residential Cooperative Housing Units (Co-op loan guarantees)	12/21/2011
38 U.S.C. 1303(a)	P.L. 105-33, § 8031(b)(1)	P.L. 108-183 § 706	COLA Adjustment for DIC for Service Connected Deaths	Rounding Down of Cost-of-Living Adjustments for Dependency and Indemnity Compensation for Service-Connected Deaths	9/30/2013



**Veterans Benefits (continued)**

<b>Section of U.S.C. Citation</b>	<b>Public Law Citation</b>	<b>Public Law Citation Most Recent Extension</b>	<b>Title</b>	<b>Description</b>	<b>Expiration Date</b>
38 U.S.C. 1104 (a)	P.L. 105-33, § 8031(a)(1)	P.L. 108-183 § 706	COLA Adjustment forComp for Service Connected Deaths	Rounding Down of Cost-of-Living Adjustments for Compensation for Service-Connected Disability or Death	9/30/2013
38 U.S.C. 3015(h) & 38 USC 3564(b)	P.L. 105-178 § 8201	P.L. 108-183 § 304	COLA Adjustment inChapters 30 & 35	Rounding down of Cost-of-Living Adjustments in chapters 30 and 35 rates through FY 2013	9/30/2013
38 U.S.C. 4100 (Note)	P.L. 112-56 § 211	N/A	Veterans Retraining Assistance Program	Authority for up to 12 months of retraining assistance for unemployed Veterans ages 35-60	3/31/2014

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## Introduction

This section provides a summary of all GAO reports received by VA during the period of October 1, 2020 through September 30, 2021.

The reports are identified by title and are presented in GAO report number order. Each report is summarized to include the responsible organization, the actual GAO recommendations, VA's "actions taken," and budget implications, if any, are noted. The "actions taken" portion of the report follows closely from VA's comments that are represented in the draft reports that VA provides for all GAO reports. The narrative summarizes the instances where VA has incorporated GAO recommendations into current operations (e.g., where VA has employed a different approach in the budgeting process, or where specific steps have been utilized to improve forecasting results). Budget implications are presented to emphasize the need to recognize the impact of the recommendations on VA resources.

## Report Summaries

### 1. VA Health Care: Better Data Needed to Assess the Health Outcomes of Lesbian, Gay, Bisexual, and Transgender Veterans; GAO-21-69. Report provided to VA 10/19/2020.

**Responsible Office:** Veterans Health Administration

#### Recommendations:

- **Recommendation 1:** The Undersecretary for Health should consistently collect sexual orientation data in VHA's health record system, which could include adding a field for providers to input veterans' sexual orientation.

**Actions Taken:** The LGBTQ+ Data Collection subcommittee was established within the VHA Diversity & Inclusion Committee to oversee this work. An earlier request by the LGBTQ+ Health Program to create a Sexual Orientation field in VHA's Vista/Computerized Patient Record System (CPRS) health record was approved for development funding. In partnership with Office of Information and Technology, an agreement was reached to make the Master Person Index (MPI) the authoritative data source for this information. For VistA/CPRS, a clinical reminder has been developed for collection of Sexual Orientation data. VHA's new Cerner Millennium health record already has a Sexual Orientation field in Social History however, implementation of this new health record system is underway and is currently used at only one facility.

The LGBTQ+ Data Collection Subcommittee engaged the VA.gov website to build a portal for Veterans to enter and edit their personal Sexual Orientation data, to feed into the MPI.

**Budget Implications:** None.

- **Recommendation 2:** The Undersecretary for Health should analyze veterans' sexual orientation data in order to assess health care outcomes for lesbian, gay, and bisexual veterans. (Recommendation 2)

**Actions Taken:** Efforts are underway to create a Sexual Orientation data field to populate in MPI/VistA/CPRS. While Cerner Millennium has a Sexual Orientation field, which is now live, this system is only active at one VA facility at present. Sexual Orientation data collected in Cerner stays in Millennium and does not currently feed into the MPI, which limits its usability.

**Budget Implications:** None.

- **Recommendation 3:** The Undersecretary for Health should consistently collect veterans' self-identified gender identify data within and across record systems. (Recommendation 3)

**Action Taken:** The LGBTQ+ Data Collection subcommittee was established within the VHA Diversity & Inclusion Committee to oversee this work. Earlier work created the Self-Identified Gender Identity (SIGI) field in VistA and MPI as a demographic field. Veterans can request SIGI data be entered at Registration/ Enrollment or during a clinic visit. However, a software patch is required for SIGI to be visible in CPRS.

The LGBTQ+ Data Collection Subcommittee engaged the VA.gov website to build a portal for Veterans to enter and edit their personal SIGI data, to feed into the MPI.

**Budget Implications:** None.

- **Recommendation 4:** The Undersecretary for Health should analyze veterans' self-identified gender identity data in order to assess health care outcomes for transgender veterans. (Recommendation 4)

**Actions Taken:** While SIGI exists in MPI/VistA as a demographic field, it is not visible in CPRS. A plan was made to schedule the software patch to display SIGI data in CPRS mid-fiscal year 2022. To improve Veteran experience, visibility of SIGI in CPRS is necessary before systematically asking Veterans about SIGI. Analyzation of these data will begin following implementation of the SIGI field in CPRS. While Cerner Millennium has a Gender Identity field, this system is only active at one VA facility at present. SIGI data collected in Cerner does not currently feed into the MPI, which limits its usability.

**Budget Implications:** None.



**2. INFORMATION AND COMMUNICATIONS TECHNOLOGY: Federal Agencies Need to Take Urgent Action to Manage Supply Chain Risks (GAO-21-164SU). Report provided to VA 10/27/2020.**

**Responsible Office:** Office of Information and Technology

**Recommendation:** In the sensitive report, GAO made seven recommendations to the Secretary of Veterans Affairs regarding implementing practices in the organization-wide approach to Information and Communications Technology (ICT) Supply Chain Risk Management (SCRM). The specific actions GAO recommended to VA contain information that should be protected from public-disclosure and that GAO therefore concealed in the public-facing version of the report.

**Actions Taken:** VA concurred on all seven recommendations and has taken action to implement the ICT SCRM practices identified by GAO. The specific actions taken by the Department contain sensitive information that should be protected from public-disclosure; VA has previously reported on the detailed actions taken and planned to GAO and Congress, and will continue to provide updates on planned and completed milestones.

**Budget Implications:** None.

**3. COVID-19: Urgent Actions Needed to Better Ensure Effective Federal Response; GAO-21-191. Report provided to VA 11/30/2020.**

**Responsible Office:** Veterans Health Administration

**Recommendations:** The Department of Veterans Affairs Under Secretary for Health should collect timely data on COVID-19 cases and deaths in each state veterans home, which may include using data already collected by the Centers for Medicare and Medicaid Services. (Recommendation 4)

**Actions Taken:** In accordance with *Johnny Isakson and David P. Roe, M.D. Veterans Health Care and Benefits Improvement Act of 2020*, Public Law 116-315. VHA worked with National Healthcare Safety Network (NHSN) of the Centers for Disease Control and Prevention (CDC) to develop reporting mechanisms for collection of data from State Veterans Homes (SVH) regarding Coronavirus Disease 2019 (COVID-19) cases and deaths among residents and staff. SVHs enrolled with NHSN and initiated reporting. VA obtains the data from NHSN. Approximately 70% of the SVHs are CMS-certified and were already reporting to NHSN. The other 30% who were not CMS certified enrolled with NHSN to provide the data.

**Budget Implications:** Managing the process requires extensive data analyst time and time of the physician who heads the data analysis group within Office of Geriatric Extended Care (GEC). The data process requires at least one full-time data analyst and approximately 20% physician time.

**4. VA CONSTRUCTION: VA Should Enhance the Lessons-Learned Process for Its Real-Property Donation Pilot Program (GAO-21-133). Report provided to VA 12/10/2020. Report Closed per GAO on 12/2/2021.**

**Responsible Office:** Office of Construction and Facilities Management

**Recommendations:**

- The Secretary of VA should ensure that relevant internal stakeholders— such as the CHIP-IN steering committee’s members and local and regional VHA staff—complete a lessons-learned process for the Omaha CHIP-IN project that aligns with lessons-learned key practices, including documentation and dissemination of lessons (Recommendation 1).
- The Secretary of VA should ensure that relevant internal stakeholders— such as the CHIP-IN steering committee’s members and local and regional VHA staff—implement a lessons-learned process for future CHIP-IN projects that aligns with lessons-learned key practices, including documentation and dissemination of lessons. This process should include a clear plan for timing and execution. (Recommendation 2)

**Actions Taken:**

- CFM completed the lessons learned process on the Omaha CHIP-IN project and applied those lessons to the current Tulsa project. CFM’s Central Region coordinated meetings over the course of the project to gather and analyze the appropriate input and to disseminate it to key staff working on the Omaha project, and later in the development of the Tulsa CHIP-IN project. In these meetings, stakeholders and subject matter experts from within and outside the Department of Veterans Affairs (VA), identified areas for potential improvement (lessons learned). The output of those meetings drove the development of the multiple lessons learned documents. Lessons learned flyers were developed in consultation with the donor group and used throughout the course of the Omaha project. After completion of the Omaha project, VA, the Veterans Ambulatory Care Development Corporation, their Architect Engineer (A/E), and the Construction Manager developed and provided to CFM’s Central Region an overall Lessons Learned document. The lessons learned during and after the project were evaluated and distilled to the final document in March of 2021, by the CFM Central Region Director. This information was shared with the Tulsa team as well as other stakeholders for future use. Additionally, many of the same individuals who worked on the Omaha project are involved with the Tulsa project, reducing the effects of the learning curve.
- IPTs are groups that include individuals with subject matter expertise to collectively achieve a specific objective(s). For projects, IPTs include all team members who will help define, design, construct, and activate the project. Specific to CHIP-IN projects, IPTs include members from various VA organizations and the donor group who collectively plays a role in achieving success for each phase of a project. The IPT members will vary depending on the phase of the project.

For example, each phase will include these IPT members at a minimum:

- Design and Development Agreement (DDA): In developing the DDA for the Tulsa, OK, CHIP-IN project, the IPT members included VA's Engineers, both within CFM and the Veterans Health Administration's (VHA) Central Office; CFM's CHIP-IN Program Manager (PM); CFM's Planners; CFM's Environmental and Historic PMs; the VA Medical Center (VAMC) and the Veterans Integrated Service Network (VISN) leadership; VA's Central Office's budget staff; Office of Real Property Law Group; our donor group, Veterans Hospital in Tulsa (VHiT); and VHiT's A/E firm.
  - Design: For the Design phase of the Tulsa, OK, CHIP-IN project, our IPT members will include VA's Engineers, both within CFM and VHA's Central Office; CFM's Planner; CFM's Environmental and Historic PMs; VAMC leadership; VISN Capital Asset Manager; VHiT; and VHiT's A/E firm.
  - Construction: The Construction phase will include IPT members from CFM's Engineers; CFM's Planners; CFM's Environmental PMs; VHiT; VHiT's A/E; and VHiT's General Construction Contractor.
- Specific to CHIP-IN projects, lessons learned will be throughout the life of the project, from the end of the DDA phase through the Design and Construction phases. In addition, as lessons learned are identified in realtime, they will be included in that phase's lesson learned conclusion.
  - For the Tulsa, OK, CHIP-IN project, since the VA Secretary signed the DDA on Friday, August 27, 2021, memorializing the conclusion of the DDA phase, the CHIP-IN PM sent an email to the DDA IPT members asking for lessons learned for the DDA phase.

**Budget Implications:** None.

**5. Veterans Community Care Program: Immediate Actions Needed to Ensure Health Providers Associated with Poor Quality of Care are Excluded; GAO-21-71. Report provided to VA 01/01/2021.**

**Responsible Office:** Veterans Health Administration

**Recommendations:**

- **Recommendation 1:** The Secretary of Veterans Affairs, in concert with the Undersecretary for Health, should require the Community Care Network contractors to amend their credentialing policies to ensure that providers who have violated the requirements of medical licenses that resulted in the loss of those medical licenses in any state are excluded from providing care to veterans through the Veterans Community Care Program.

**Actions Taken:** VHA Office of Community Care (OCC) Credentialing team worked with the Contracting Officer and Community Care Network (CCN) Third Party Administrators (TPA) to ensure that controls are more clearly documented in the credentialing policies of our TPAs. Both TPAs accomplished this by updating their standard operating procedures to outline steps the TPAs take to credential providers.

**Budget Implications:** None.

- **Recommendation 2:** The Undersecretary for Health should ensure that Community Care Network contractors develop and implement a process for continuous monitoring of the eligibility requirements in section 108 of the VA MISSION Act, such as by using the National Practitioner Data bank's continuous query function.

**Actions Taken:** VHA OCC Credentialing team worked with the CCN TPAs to ensure that controls are more clearly documented in the credentialing policies of our TPAs. Both TPAs accomplished this by updating their standard operating procedures to outline steps the TPAs take to credential providers.

**Budget Implications:** None.

- **Recommendation 3:** The Secretary of Veterans Affairs, in concert with the Undersecretary for Health, should identify, analyze, and respond to the risk to veterans when providers who have been removed from VA employment for failure to provide safe care are not prohibited from providing care to veterans in the community. For example, the Undersecretary for Health could direct VHA to review the list of terminated VA providers generated from our data analyses; determine whether these providers were removed from VA employment due to conduct that violated VA policy related to the delivery of safe and appropriate health care; and determine whether these providers should be allowed to provide care to veterans through the Community Care Network or a Veterans Care Agreement.

**Actions Taken:** VHA OCC queried a second list utilizing the same criteria as GAO when we received the audit results and determined:

1. VA identified 155 providers that met exclusionary criteria under MISSION Act. These providers have been excluded from the network.
2. The 14 confirmed from the original GAO audit were dually identified in VAs review, so the total excluded providers from both retroactive reviews is 155.

VHA OCC Credentialing deactivates providers removed from VA employment for failure to provide safe care to prevent them from participating in Community Care Programs. This deactivation process occurs bi-weekly, and the list is maintained on the OCC Credentialing SharePoint. From the program start date of April 2019 to present, 224 providers were proactively identified and excluded from the CCN. With the inclusion of the retroactive review conducted because of GAO's audit 379 providers have been excluded from Community Care Programs.

**Budget Implications:** None

**6. Electronic Health Records: VA Has Made Progress in Preparing for New System, but Subsequent Test Findings Will Need to Be Addressed (GAO-21-224). Report provided to VA 2/11/2021.**

Information on this report will be provided.

**7. HOME FORECLOSURE SALES: FHA, Rural Housing Service, and VA Could Better Align Program Metrics with Their Missions (GAO-21-219). Report provided to VA 3/5/2021.**

**Responsible Office:** Veterans Benefits Administration

**Recommendations:** The VA Under Secretary for benefits should identify and use metrics that measure how the agency's REO program contributes to VA's mission to support veterans and veteran homeownership, such as metrics that track veteran purchases of REO properties.

**Actions Taken:** Completed. In January 2021, VBA added two metrics to its monthly performance reports relating to Veteran purchases of VA real estate-owned (REO) properties loan program. Tracking these metrics will enable VBA to make better decisions and contribute to VA's mission to support Veterans and Veteran homeownership.

**Budget Implications:** None



**8. FREEDOM OF INFORMATION ACT: Actions Needed to Improve Agency Compliance with Proactive Disclosure Requirements (GAO-21-254). Report provided to VA 3/17/2021.**

**Responsible Office:** Veterans Health Administration

**Recommendations:** The VA Under Secretary for Health should track the number of proactive disclosures for all required categories and report this information in VA's Annual FOIA Report. (Recommendation 6)

**Actions Taken:** The VHA Freedom of Information Act (FOIA) Office formalized and implemented a process to continually post, track, and report proactive disclosures to the VA FOIA Service.

**Budget Implications:** None

## 9. VA DISABILITY EXAMS: Better Planning Needed as Use of Contracted Examiners Continues to Grow (GAO-21-444T). Report provided to VA 3/23/2021.

**Responsible Offices:** : Veterans Benefits Administration  
Veterans Health Administration

### Recommendations:

- The Under Secretary for Benefits, in consultation with the Under Secretary for Health, should develop and document plans for the allocation of disability medical exam workloads among VHA medical centers and VBA contractors. Such plans should incorporate sound planning practices such as (1) identifying goals and establishing a strategy, (2) developing activities and timelines, (3) coordinating and communicating with stakeholders, and (4) conducting a risk assessment.
- The Under Secretary for Benefits should develop a process to assess the quality of exam reports for complex claims completed by contractors. For example, VBA could periodically conduct special focus reviews of exam reports completed by contractors for complex claims such as traumatic brain injury, military sexual trauma, and Gulf War illness.

### Actions Taken:

- **Recommendation 1:** In Progress. The Veterans Benefits Administration (VBA) partnered with the Veterans Health Administration (VHA) to formalize a plan to jointly manage and balance Compensation and Pension (C&P) examination workload allocation. As part of the plan, VHA facilities will maintain capabilities to support VBA disability exam-requests provided to VHA. VBA and VHA continue to partner to develop a long-term collaborative approach to jointly manage the VA disability examination workload as part of a shared Departmental mission. The workload allocation strategy will continue to evolve as new legislative proposals are considered that could significantly affect the number of disability examinations needed to provide Veterans with the benefits they have earned. In addition, local VHA facility capabilities can rapidly change based on local COVID-19 emergency medical response efforts and critically needed health care services impacted by the pandemic. Furthermore, VBA continuously evaluates risks and seeks to mitigate those identified risks. These mitigation efforts have resulted in a variety of actions that have been implemented to assist with exam capacity issues. VBA and VHA continue to meet bi-weekly to share operational strategies and to review current workload allocation of VA disability examination requests.
- **Recommendation 2:** Completed. VBA developed a process to assess the quality of exam reports for complex claims completed by contractors on an ongoing basis. VBA implemented a plan and a schedule to conduct biannual special focused reviews exam reports for complex claims; the plan was approved by VBA leadership, and previously submitted to GAO. Furthermore, VBA conducted the first round of reviews as planned, has provided initial feedback to the contract vendors, and will also deliver additional training to the vendors based on the findings of the reviews.

**Budget Implications:** None

**10. VA ACQUISITION MANAGEMENT: Comprehensive Supply Chain Management Strategy Key to Address Existing Challenges (GAO-21-445T). Report provided to VA 3/24/2021.**

**Responsible Office:** Veterans Health Administration

**Recommendations:** The Secretary of Veterans Affairs should ensure the Veterans Health Administration (VHA) Assistant Under Secretary for Health for Support develops a comprehensive supply chain management strategy that outlines how VHA's various supply chain initiatives are related to each other and to VA-wide initiatives. This strategy should link to VA's overall plans to address its broader acquisition management challenges and reflect key practices of organizational transformations, including an implementation plan with key milestones. (Recommendation 1)

**Actions Taken:** VHA worked to develop a draft supply chain management strategy that is not yet approved by the Secretary.

**Budget Implications:** None

**11. COVID-19: Sustained Federal Action is Crucial as Pandemic Enters its Second Year (GAO-21-387). Report provided to VA 3/31/2021.**

**Responsible Office:** Veterans Health Administration

**Recommendations:** Closed for VHA

**Actions Taken:** VA implemented and tracked proportion vaccinated by vaccine rollout phases (risk groups), including:

- By age: Veterans 85 and older; Veterans aged 75-84; 65-74; 50-64; and Veterans under age 50.
- By vaccination phases, which were based on CDC Phases for allocation when supply of vaccine was limited:
  - o A – VA CLCs, other Congregate settings
  - o B – Age >75, homeless, patients on hemodialysis, patients with transplant, patients on chemotherapy, SCI patients
  - o C – Age 65-74, age <65 with a high-risk condition

Screenshots from the internal dashboard where vaccinations are tracked by rollout phase:

Category	N	%
Age <50	393,301	27.80%
Age 50-64	679,502	48.54%
Age 65-74	971,600	54.62%
Age 75-84	670,828	56.87%
Age >85	235,419	49.06%

Priority Group	Vaccinated	% Vaccinated	Not Vaccinated	Outside	Refusals
A-1a	5,891	89.01%	727	474	311
A-1f	9,726	54.17%	8,230	4,781	1,375
B-1a	898,153	56.60%	688,803	184,602	103,255
C-1a	916,177	56.89%	723,142	184,844	113,726
C-1b	491,510	41.07%	705,120	76,165	118,003
No Priority	513,573	34.45%	977,123	76,808	135,165

<b>Risk Stratification Priority Groups</b>	
A-1a - VA CLC	C-1a - Age 65-74
A-1f - Other congregate settings	C-1b - Age <65 and High risk condition
B-1a - Age >75, Homeless, Dialysis, Transplant, Chemo, or SCI	No Priority - no specific prioritization group

Source: Microsoft Power BI (powerbigov.us) (Internal VA dashboard not available to the general public) June 9, 2021.

**Budget Implications:** None

- **Recommendation 6:** The Department of Veterans Affairs Under Secretary for Health should develop preliminary vaccination targets for when it will move from one vaccination phase to another, or within one phase, from one group of veterans to another. See Veterans Health Care enclosure. (Recommendation 6)

**Actions Taken:** VA followed CDC guidance, which included flexibility to ensure efficient use of vaccine while maximizing access to those at highest risk and expanding vaccination to persons in all phases as supply quickly increased across the country. CDC recommended phased allocation only while supplies were limited: *The Advisory Committee on*

*Immunization Practices' Updated Interim Recommendation for Allocation of COVID-19 Vaccine — United States, December 2020 | MMWR (cdc.gov).*

**Budget Implications:** None

- **Recommendation 7:** The Department of Veterans Affairs Under Secretary for Health should collect data on the number of staff and veterans who do not show up for a vaccination appointment to better monitor for completion of the second dose of the vaccine. See Veterans Health Care enclosure.

**Actions Taken:** Data was tracked in our VHA Support Service Center Power BI dashboard to follow second dose completions across VA. It is also part of our Outreach tool so that sites have operationalizable data on which individuals have completed a vaccine series (single or two-dose), have not been vaccinated, or are due or overdue for a second dose in a two-dose series. This information is used for individual patient outreach and scheduling.

**Budget Implications:** None

## 12. VA HEALTH CARE: Efforts Needed to Ensure Effective Use and Appropriate Staffing of Suicide Prevention Teams (GAO-21-326). Report provided to VA 4/5/2021.

**Responsible Office:** Veterans Health Administration

### **Recommendations:**

- The Under Secretary for Health should ensure that OMHSP conducts a comprehensive evaluation of local suicide prevention teams (including suicide prevention coordinators and case managers and others). Such an evaluation should seek to (a) obtain a full understanding of how facilities are using these teams, (b) identify challenges teams may experience in implementing VHA policies, and (c) identify the effects of program growth on teams' workload. (Recommendation 1)

**ACTIONS TAKEN:** The VA Office of Mental Health and Suicide Prevention (OMHSP) contracted with a third-party agency in the completion of a feasibility and advisability study of the possible realignment and reorganization of suicide prevention coordinators. Consistent with requirements of the Section 506 of the *Commander John Scott Hannon Veterans Mental Health Care Improvement Act of 2019 (Hannon Act)*, this comprehensive study evaluated how facilities are using suicide prevention teams, challenges these teams are experiencing with implementing policies, and capture data on suicide prevention team workload. The contractor portion of the study was completed in October 2021 and OMHSP is closely analyzing the results and finalizing next steps.

**Budget Implications:** The cost of the third-party contracted study was \$609,947.

- The Under Secretary for Health should ensure that OMHSP uses information obtained through the comprehensive evaluation of local suicide prevention teams to inform the support it provides--e.g., direction, guidance, and technical assistance. (Recommendation 2)

**ACTIONS TAKEN:** As OMHSP is currently analyzing the report discussed in Recommendation 1, final planning for the use of the results is forthcoming. Over the course of the last eight months (as the feasibility and advisability study was underway), OMHSP disseminated technical assistance and training resources to field staff and refined current processes based on real time and qualitative data. This assistance and the resources were communicated through monthly national calls with suicide prevention teams (three times per month), webinars given to broad mental health staff audiences, and formal policy and memorandum.

Additionally, OMHSP designed and piloted a regional level suicide prevention site visit process to provide in-depth monitoring of policy implementation, allow for increased communication to OMHSP by local teams related to challenges faced in program implementation, and increase opportunities for sharing of best practices. The site visit process is designed to improve implementation of suicide prevention policies and best practices, while providing OMHSP with information from the field on how to continue to enhance implementation support provided.

**Budget Implications:** None

- The Under Secretary for Health should ensure that OMHSP incorporates key practices for staffing model design into its determination of facilities' suicide prevention staffing needs: (a) involving key stakeholders; (b) incorporating work activities, their frequency, and the time required to complete them; (c) ensuring the quality of data used in the model; and (d) incorporating risk factors. (Recommendation 3)

**ACTIONS TAKEN:** VA has taken steps to ensure existing staffing data resources are regularly updated at each medical center and monitored monthly at the regional and program office level. While the *Hannon Act* study (discussed in recommendation 1) is currently under review and will inform a future staffing model design, VA conducted a separate review process that met all of the following recommendations:

- (a) The process engaged key stakeholders including National Suicide Prevention Program Subject Matter experts, Veterans Integrated Service Network (VISN) Chief Mental Health Officers, VISN Lead Suicide Prevention Coordinators (SPC), and facility SPCs.
- (b) The process identified all duties and tasks completed by SPCs in a year and defined core workload “factors” completed by all SPCs. Additionally, it identified commonly assigned workload that is variably completed by SPCs (work that may be assigned by the local facility). The process calculated the frequency that each duty or task would be typically. Estimates were summed across all duties/tasks to obtain an estimate of total time required by SPCs to complete all tasks in a year. This resulted in staffing estimates needed to complete the work.
- (c) The quality of the data utilized to populate the model was validated by the VA Program Evaluation and Resource Center and Manpower Management Service.
- (d) Risk factors include the fact that drivers of workload values (frequency of tasks or time-to-complete) are estimates based on sampling and may also vary by facility. These variables directly impact the ultimate calculations of SPC full-time equivalent estimates in the model.

**BUDGET IMPLICATIONS:** While there are no budget implications for this specific recommendation, there are possible budget implications regarding suicide prevention field staff augmentation following the final analysis of the aforementioned studies and finalized staffing model, as facilities work to increase their suicide prevention staffing locally.



**13. VETERANS AFFAIRS: Ongoing Financial Management System Modernization Program Would Benefit from Improved Cost and Schedule Estimating (GAO-21-227). Report provided to VA 4/20/2021.**

**Responsible Office:** Office of Management (OM)

**Recommendations:**

1. Take steps to help ensure the FMBT program develops a reliable cost estimate using best practices described in GAO’s Cost Estimating and Assessment Guide, in particular, by assessing those cost characteristics that were partially or minimally met.
2. Take steps to help ensure the FMBT program develops a reliable schedule using best practices described in GAO’s Schedule Assessment Guide, in particular, by addressing those schedule characteristics that were partially or minimally met.

**Actions Taken:**

**Recommendation 1:**

- VA 3/2/2021 Response to Draft Report
  - Concur: GAO indicated the FMBT Life Cycle Cost Estimate (LCCE) substantially met the cost estimate characteristic of “well-documented”. VA’s FMBT DAS also notes GAO’s recommendations and has taken the following steps to address items identified by the GAO audit team:
    - Credibility of the LCCE
      - LCCE Correction: The program identified the inflation values for the years applicable to the LCCE, corrected the inflation index per guidance in the GAO Cost Estimating and Assessment Guide to bring Then-Year Dollars into Constant-Year Dollars, established a programmatic Base-Year of 2018 to correspond with the first VA FMBT LCCE, and updated the Base-Year Dollar cost analysis to 2018.
    - Accuracy of the LCCE
      - Modeling Corrections: GAO found three items within the model that were hard-coded numbers, rather than traceable links to original data sources. The updated modeling data applied to Training, Other License, and a selection of Contract Support costs. The LCCE team corrected these hard-coded numbers, updated the model, and linked the model to data sources, thereby improving the model’s traceability and transparency. This correction further supports and confirms the model does not double count specific cost elements.
      - Sensitivity Analysis: Per guidance in the GAO Schedule Assessment Guide, the LCCE team identified key cost drivers for which to apply the sensitivity analysis. The total cost was reevaluated by varying each cost driver independently. Additionally, the sensitivity analysis conducted applied and was reported with respect to the impact of these cost drivers on the total cost of the program.
    - Comprehensiveness of the LCCE

- Interface Cost Corrections: GAO identified a lack of interface costs pertaining to other programs and legacy systems. The FMBT LCCE team partnered with the Office of Information and Technology and other legacy system program offices to research, gather data, and model 13 legacy systems that are actively coordinating and interfacing with FMBT’s end state solution. Per guidance in the GAO Cost Estimating and Assessment Guide to account for all possible costs, these costs were previously recognized by the FMBT LCCE team in earlier efforts as unknown costs. Through this partnered effort with the Office of Information Technology, FMBT included these costs in the fiscal year 2020 LCCE.
- VA 180-Day Update (10/5/2021)
  - Independent Cost Estimate (ICE) and Independent POE Review
    - VA has made progress in the area of ICEs and Independent POE reviews. FMBT personnel supported the broader VA effort to explore the feasibility of sourcing ICE capability, looking at options both internal and external to the Government. After considerable research, VA determined the optimum solution is to source ICE capabilities from a federally funded research and development center (FFRDC). Accordingly, VA entered into an ICE contract with the Institute for Defense Analysis—an FFRDC sponsored by the Department of Defense—for VA’s Electronic Health Record Modernization program. Lessons learned from that procurement action will be leveraged to source ICE capabilities for the FMBT program. FMBT anticipates initiating a contract for its own ICE during Fiscal Year (FY) 2022.
  - FY 2021 FMBT Life Cycle Cost Estimate (LCCE)
    - The FMBT program office updated its LCCE and it was delivered to FMBT leadership on September 30. This update includes refreshed cost data and updates reflecting changes to the wave implementation roadmap. Further details on the FY 2021 FMBT LCCE will be available after review and adjudication of this analysis.

**Recommendation 2:**

- VA 3/2/2021 Response to Draft Report
  - Concur: GAO indicated the FMBT schedule substantially met the schedule estimate characteristic of controlled. The FMBT program has reviewed the GAO Schedule Assessment Guide and continues to refine schedule management techniques in concert with the implementation of the Scaled Agile Framework. The adoption of those combined tenets meets the current 2020 GAO recommendations for Agile Schedule Management. VA’s FMBT DAS has taken the following steps to address items identified by the GAO audit team:
  - Comprehensiveness of the schedule
    - Resource Loading: The FMBT program is conducting resource loading at the workstream level and has been leveraging custom fields: Workstream, Vendor Lead, and VA Lead within the schedule. These fields reflect metadata of specific accountable parties per unique lower level activity. The accountable parties utilize AgileIQ to ensure their respective teams

can meet delivery timelines or revise forecasts as necessary. AgileIQ was discussed with and demonstrations provided to GAO staff that detailed the individual assignment of lower level activity within the tool. Since this time, the program has moved to the Agility tool, which provides more robust reporting and better insights into program activities.

- Well-constructed characteristic of the schedule
  - Schedule Float: The FMBT utilizes Agile rolling wave planning to define the features for current and upcoming waves as part of the FMBT project delivery framework; however, the program must tie the future waves to the roadmap by date to ensure that the Program Critical Path is maintained. As the dependencies within those future waves are defined, those features will be added to the schedule. The float (or slack) is managed and reported weekly to program officials.
- Credibility of the schedule
  - Schedule Risk Analysis: The FMBT is using Scaled Agile Methodology and the Critical Path Method (CPM) to manage risk within the program. The critical path method of risk analysis is the most common technique used currently within software implementations. The technique for using this method is to construct a model of the project schedule using a list of all the project activities, the duration of each activity, and the dependencies of each activity. The critical path method uses these values to calculate the longest path of planned activities that are required to complete the project. It also calculates the earliest and latest that each activity can start and finish without delaying the project. This method determines which activities are on the “critical path”, the sequence of activities that add up to the longest overall project duration and if delayed would add risk to the program. Detailed risk for the program is tracked, reviewed, mitigated, and reported to stakeholders as per the program risk framework. The identification of risks highlighted from the schedule analysis are also briefed weekly to leadership with corresponding risk responses.
- The FMBT program also assigned a new Governance Lead who coordinates across project teams and workstreams to ensure the Scaled Agile Framework and methodologies adopted by the FMBT program are consistently applied.
- VA 180-Day Update (10/5/2021)
  - VA has taken steps to ensure that the FMBT program develops a reliable schedule using best practices of GAO’s Schedule Assessment Guide and Agile Assessment Guide, industry best practices and VA internal best practices. In addition to the previous steps listed in the original response, FMBT has also made the following improvements to ensure that the program—and the project managers of each implementation wave within the program—have the ability to monitor the schedule on a daily basis.
  - Additional Improvements
    - Increased metrics tracking for schedule analysis to ensure that the entire program—from analysts to executives—is aware of the tasks that must be completed for a successful implementation of a project by:

- Adding an Agile-specific analysis of the Sprint Teams to track burn-up and velocity of the work being conducted within each sprint.
- Adding the analysis of the Baseline Execution Index to track and report how closely a project is being executed in comparison to the baseline schedule (i.e., it measures the actual work accomplished against the schedule baseline by comparing the cumulative number of tasks completed to the cumulative number of “baselined” tasks scheduled to be completed).
- Collaborated with the VA Office of Enterprise Integration (OEI) to ensure that the FMBT schedule is coordinated with other VA Enterprise Implementations by conducting weekly meetings with the OEI team to determine milestones for tracking and reporting, analyzing OEI requirements for integration into the OEI integrated master schedule and cross-walking FBMT tasks to the OEI integrated master schedule.
- Implemented a Business Intelligence Metrics Tool to:
  - Allow individuals to drill down to specific tasks;
  - Measure and identify specific areas that may be lagging in execution;
  - Provide the capability for the Project Managers (PMs) assigned to each wave to track their, and individual project schedules.
- Utilized the Schedule and Risk teams to conduct weekly analyses to understand any risk impact on the schedule.
- The FMBT program appreciates GAO’s analysis and findings. The FMBT update to our initial response demonstrates that FMBT continues to work to ensure that constant improvement is being made during the Integrated Financial and Acquisitions Management System (iFAMS) implementation.

**Budget Implications:** None

#### **14. VA HEALTH CARE: Additional Data Needed to Inform the Covid- 19 Response in Community Living Centers (GAO-21-369R). Report provided to VA 6/10/2021**

**Responsible Office:** Veterans Health Administration

#### **Recommendations:**

- The Department of Veterans Affairs Under Secretary for Health should compile and review facility-specific COVID-19 data on Community Living Center staff cases and deaths on a regular basis to inform the agency's response to the pandemic or future infectious disease outbreaks. (recommendation 1)

**ACTIONS TAKEN:** On a daily basis, relevant officials reported information about Community Living Centers (CLC) cases to facility, VISN Network, and national leadership. Officials also highlighted data on a monthly basis on the National Health Operations Center COVID call. There were pragmatic constraints on the identification of CLC staff cases due to the integration of clinical and operational functions across medical centers. Unlike private sector skilled nursing facilities, VA CLCs are staffed by employees who may be deployed to multiple areas in the medical center. VHA also navigated unanticipated barriers with respect to Privacy Act limitations on methods to properly identify CLC staff cases or vaccinations.

**BUDGET IMPLICATIONS:** Managing the process of monitoring and analyzing CLC COVID-19 monitoring and CLC Compare data requires extensive data analysis and time within GEC. The data analysis process for COVID-19 monitoring and CLC compare requires at least one full-time data analyst.

**15. VA DISABILITY BENEFITS: Veterans Benefits Administration Could Enhance Management of Claims Processor Training (GAO-21-348). Report provided to VA 7/7/2021.**

**Responsible Office:** Veterans Benefits Administration

**Recommendations:**

- The Undersecretary for Benefits should establish performance goals for VBA’s training program for disability claims processors. These program-level goals should have specific targets to provide a basis for comparing actual program performance with expected results.
- The Undersecretary for Benefits should establish a governance structure that identifies clear lines of authority among the VBA offices responsible for guiding strategic training efforts and establishing clear accountability for the success of these efforts.
- The Undersecretary for Benefits should develop and document an integrated and comprehensive training plan or strategy for its program for training disability claims processors. The plan should align training program goals with VBA goals and document how program activities will be prioritized to meet goals.
- The Undersecretary for Benefits should document and use criteria to guide analysis for when a given training delivery mechanism should be used. Goals for the training program could be helpful in determining the appropriate criteria.
- The Undersecretary for Benefits should establish and monitor minimum training requirements to prepare all course instructors at regional offices to conduct claims processor training.
- The Undersecretary for Benefits should develop and implement a policy detailing VBA offices’ responsibilities to identify and address any deficiencies in claims processors’ completion of annual regional office selected training hours.
- The Undersecretary for Benefits should develop and document a policy and related processes for collecting and incorporating feedback from relevant stakeholders on the strengths and weaknesses of its claims processor training program. This effort could be completed independently or as part of VBA’s evaluation planning efforts for disability claims processor training.
- The Undersecretary for Benefits should ensure that Compensation Service completes and implements a plan to evaluate training of disability claims processors that aligns with leading practices, such as those outlined in VBA’s strategy for evaluating training.
- The Undersecretary for Benefits should establish a policy to help ensure recurring training evaluation efforts that align with leading practices, such as those outlined in VBA’s strategy for evaluation training.
- The Undersecretary for Benefits should collect, analyze, and share lessons learned from the Blue Water training effort with internal stakeholders, including those from offices responsible for training.

**Actions Taken:**

- **Recommendation 1:** In progress. VBA is in the process of establishing training program-level goals for disability claims processors with specific targets to provide a basis for comparing actual program performance with expected results.
- **Recommendation 2:** In progress. VBA is in the process of documenting the appropriate structure for lines of authority and responsibility related to VBA's disability claims processor training.
- **Recommendation 3:** In progress. VBA is developing and documenting a comprehensive training plan for disability claims processors.
- **Recommendation 4:** In progress. VBA developed a media selection tool and deployed it on September 29, 2021. The tool resides on VBA's Training Center for Excellence (TCoE) website, which is maintained by Human Capital Services and can be accessed using the VBA Media Selection Tool. VBA is gathering examples of how this tool has been used to update existing training, or to determine delivery mechanisms for any new training recently developed.
- **Recommendation 5:** In progress. VBA is establishing minimum training requirements for regional office instructors.
- **Recommendation 6:** In progress. VBA plans to establish standard operating procedures to identify and address claims processors' training completion deficiencies in completion of annual regional office-selected training hours.
- **Recommendation 7:** In progress. The comprehensive training plan developed in response to Recommendation 3 will include a process for collecting and incorporating feedback from relevant stakeholders.
- **Recommendation 8:** Completed. VBA developed an evaluation plan for both the competency-based training system (CBTS) and Virtual and In-Person Progression (VIP). These two programs combine to cover entry-level Rating Veterans Service Representative (RVSR) employees, as well as RVSR employees who have attained one year in the position. VBA provided the evaluation plans to GAO.
- **Recommendation 9:** Completed. On December 9, 2021, VBA published the VBA Letter 20-21-19, Evaluation Training Policy and Memorandum. The document establishes the policy and responsibilities for evaluating training programs and training systems sponsored, created, or implemented by VBA for Veterans, Service members, beneficiaries, or its employees and representatives. Furthermore, the document details VBA's evaluation efforts of training programs and training systems in accordance with the Office of Management and Budget, Office of Personnel Management, and Government Accountability Office expectations, as well as with VA policy and industry best practices.
- **Recommendation 10:** Completed. VBA prepared an After Action Report detailing the lessons learned from the Blue Water Navy training effort. On August 17, 2021, VBA held a meeting with its internal partners to discuss the findings and lessons learned in the After Action Report.

**Budget Implications:** None

**16. FEDERAL CONTRACTING: Senior Leaders Should Use Leading Companies' Key Practices to Improve Performance (GAO-21-491). Report provided to VA 7/27/2021.**

Information on this report will be provided.

**17. COVID-19: VA Should Assess Its Oversight of Infection Prevention and Control in Community Living Centers (GAO-21-559). Report provided to VA 7/28/2021.**

**Responsible Office:** Veterans Health Administration

**Recommendations:** The Department of Veterans Affairs Under Secretary for Health should conduct a retrospective assessment of VA's oversight of infection prevention and control in CLCs during the COVID-19 pandemic to identify lessons learned and be better prepared for future infectious disease outbreaks (Recommendation 1)

**Actions Taken:** GEC reviewed the completed self-assessments distributed to CLCs. Of the 134 CLCs in VA, 129 assessments were completed. The remaining CLCs were closed during the time of the assessment because of the COVID-19 pandemic. Of the 129 CLCs completing the self-assessment, 23 opportunities over 13 CLCS were identified as needing correction. GEC is currently working with the 13 CLCs to ensure corrective action plans are in place.

**Budget Implications:** None



**18. VETERANS WITH DISABILITIES: VA Could Better Inform Veterans with Disabilities About Their Education Benefit Options (GAO-21-450). Report provided to VA 7/28/2021.**

**Responsible Office:** Veterans Benefits Administration

**Recommendations:**

- The Secretary of VA should take steps to provide veterans with additional information that VR&E can help those with service-connected disabilities pay for education. For example, VA could review and evaluate its websites and written communications to identify ways to better promote the breadth of services that the VR&E program provides, including education benefits.
- The Secretary of VA should take steps to provide veterans with disabilities information about the comparative features of the GI Bill and VR&E programs. For example, VA could include a side-by-side comparison chart, or interactive tool, on its GI Bill comparison Tool to inform veterans about the differences and similarities between the GI Bill and VR&E.

**Actions Taken:**

- **Recommendation 1:** Completed. VBA's Veteran Readiness & Employment (VR&E) Service updated the language on nine different sections of the VA.gov webpage to emphasize the educational component of VR&E. VR&E Service also updated language on two printed Fact Sheets (the [Chapter 31](#) and [5 Tracks](#) Fact Sheets). These Fact Sheets were uploaded to VBA's Fact Sheets webpage. Furthermore, VR&E field staff received notification of these changes for future outreach and marketing efforts.
- **Recommendation 2:** Completed. VBA's Education Service and VR&E Service developed a side-by-side comparison chart of GI Bill and VR&E benefits. It has been placed on the VBA Education and Training website ([Comparison Chart/Payment Rates - Education and Training \(va.gov\)](#)) to inform Veterans about the differences and similarities between the GI Bill and VR&E benefits.

**Budget Implications:** None

**19. VETERANS JUSTICE OUTREACH PROGRAM: Further Actions to Identify and Address Barriers to Participation Would Promote Access to Services (GAO-21-564). Report provided to VA 9/14/2021.**

**Responsible Office:** Veterans Health Administration

**Recommendations:**

- **Recommendation 1:** The Under Secretary for Health should develop and use detailed project plans that define all work activities, time frames, resources, and interim milestones to guide implementation and monitor progress toward achieving objectives and planned actions outlined in VJO's strategic plan related to identifying and addressing barriers justice-involved veterans may face in accessing VJO specialists. (Recommendation 1)

**Actions Taken:** The Veterans Justice Outreach (VJO) Program began development of detailed project plans to guide activities in support of three of the eight goals identified in the program's strategic plan: Goal 1 (which concerns identification of Veterans in criminal justice settings), Goal 4 (which includes an objective concerning the development of an outreach triage guide for use by VJO specialists), and Goal 5 (which concerns evaluating the effectiveness of the Veterans Justice Programs).

**Budget Implications:** None

- **Recommendation 2:** The Under Secretary for Health should improve training to help VJO specialists conduct targeted outreach to justice-involved veterans, through jail administrators, to increase justice-involved veterans' awareness and understanding of VJO and other program services available to certain justice-involved veterans with other than honorable discharges.

**Actions Taken:** VJO delivered a series of new national trainings for VJO specialists on VA eligibility for Veterans with other than honorable discharges. The first event in the series, held on October 25, 2021, featured experts from the VHA Health Eligibility Center providing an overview of the statutory, regulatory, and operational foundations on which VA eligibility determinations are made.

**Budget Implications:** None

- **Recommendation 3:** The Under Secretary for Health should enhance its planning for research on the justice-involved veteran population by defining and prioritizing all activities needed to complete planned actions, establishing milestones, and identifying the resources needed to accomplish the program's research objectives.

**Actions Taken:** Goal 6 in VJO’s strategic plan outlines a major effort to support research on justice-involved Veterans through collaboration with VA and external researchers, as well as other stakeholders. VJO began development of a detailed project plan for operationalizing and monitoring progress toward completion of VJP Strategic Goal 6.

**Budget Implications:** None

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## High-Risk Areas Identified by GAO

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The U.S. Government Accountability Office (GAO) evaluates VA's programs and operations. In March 2019, GAO issued an update to its High-Risk Series (GAO-19-157SP). In the 2019 report, GAO continued to identify two High-Risk Areas (HRAs) that are specific to VA: Managing Risks and Improving VA Health Care and Improving and Modernizing Federal Disability Programs. In addition, GAO identified a new area, VA Acquisition Management, as a high-risk area. VA's progress in addressing these issues can be found in the FY 2022/FY 2020 Annual Performance Plan and Report, which can be found on the VA website: <https://www.va.gov/performance/>.

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## Major Management Challenges Identified by the OIG

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The Department's Office of Inspector General (OIG), an independent entity, evaluates VA's programs and operations. The OIG submitted a list of the most serious major management challenges (MMC) facing VA, which was incorporated in the Department's 2021 Agency Financial Report published in November 2021. The Department's response can be found online at: <https://www.va.gov/finance/afr/index.asp> beginning on page 166.

Major Management Challenge	
No.	Topic
OIG 1	Health Care Services
OIG 2	Benefits for Veterans
OIG 3	Stewardship of Taxpayer Dollars
OIG 4	Information Systems and Innovation
OIG 5	Leadership and Governance

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## *Expenditures by State*

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### **Part 4**

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## *Expenditures by State*

### Expenditures by State

The tables below provide actual FY 2021 expenditures by state (dollars in thousands).

State	2021 Expenditures
Alabama	4,532,007
Alaska	777,283
Arizona	5,359,926
Arkansas	2,732,008
California	19,338,544
Colorado	4,214,341
Connecticut	1,521,254
Delaware	618,384
District of Columbia	3,358,465
Florida	17,339,262
Georgia	8,375,308
Guam	133,402
Hawaii	1,193,587
Idaho	1,385,859
Illinois	5,524,147
Indiana	3,629,977
Iowa	1,784,817
Kansas	1,851,096
Kentucky	3,136,104
Louisiana	3,252,677
Maine	1,326,072
Maryland	3,813,842
Massachusetts	3,247,950
Michigan	4,913,175
Minnesota	3,340,230
Mississippi	2,260,383
Missouri	4,580,036

State	2021 Expenditures
Montana	1,060,749
Nebraska	1,479,710
Nevada	2,808,729
New Hampshire	977,812
New Jersey	2,634,877
New Mexico	1,877,153
New York	6,967,103
North Carolina	9,538,330
North Dakota	543,457
Ohio	11,090,091
Oklahoma	4,102,672
Oregon	3,461,196
Pennsylvania	6,646,600
Puerto Rico	1,816,484
Rhode Island	624,234
South Carolina	5,010,540
South Dakota	856,045
Tennessee	5,609,420
Texas	20,809,095
Utah	1,444,235
Vermont	405,570
Virginia	7,718,561
Washington	5,301,175
West Virginia	2,586,107
Wisconsin	3,535,964
Wyoming	595,537
<b>Total Expenditures</b>	<b>223,041,581</b>

- Includes mandatory and discretionary spending
- Crosses all VA administrations and budget accounts
- Totals may not equal outlays reported in the President's Budget Appendix due to the recording of receipt account net outlays, rounding and timing issues.

Sources: Financial Management Systems  
 Veterans Benefits Administration Data Systems  
 Allocation Resource Center  
 Prepared by the National Center for Veterans Analysis and Statistics

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## *Budget Tables 2021 - 2023*

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### **Part 5**

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## Appropriation Reconciliation

### Regular Appropriations, Collections, and DoD Transfers

(\$s in thousands)

Appropriation/Fund Account	2021 Enacted	2022 Budget	2023 Request
<b>Federal funds:</b>			
<b>Benefit programs:</b>			
Disability Compensation Mandatory Benefits	119,966,269	132,384,920	148,056,209
Burial Mandatory Benefits	306,352	418,008	3,548,552
Pensions Mandatory Benefits	4,084,606	4,772,559	411,781
<b>Subtotal, Compensation and Pension</b>	<b>124,357,227</b>	<b>137,575,487</b>	<b>152,016,542</b>
Readjustment Benefits	12,578,965	14,946,618	8,906,851
Insurance Mandatory Benefits	131,372	136,950	109,865
Voc Rehab Mandatory Upward Reestimates	21		
Veterans Housing Mandatory Upward Reestimates	667,034		
Veterans Housing Mandatory Subsidy			248,269
Native American Veterans Housing Mandatory Upward Reestimates	1,202		
Housing Liquidating Account	-6,121	-4,767	
<b>Subtotal, Mandatory Benefits</b>	<b>137,729,700</b>	<b>152,654,288</b>	<b>161,281,527</b>
<b>Veterans Choice Act transfer to Medical Community Care</b>			
Medical and Prosthetic Research	815,000	882,000	916,000
Rescission P.L. 116-94			
Rescission P.L. 116-260	-20,000		
<b>Subtotal, Medical and Prosthetic Research</b>	<b>795,000</b>	<b>882,000</b>	<b>916,000</b>
<b>Medical programs:</b>			
Medical Services (Advance Appropriation)	56,158,015	58,897,219	70,323,116
Annual Appropriation	497,468		261,000
Rescission P.L. 116-260	-100,000		
Transfer to Joint DoD/VA Medical Facility Demonstration Fund	-215,945	-203,805	-190,377
Transfer to VA/DoD Health Care Sharing Incentive Fund	-15,000	-15,000	-15,000
Medical Care Collections Fund	2,513,515	3,445,122	3,103,128
<b>Subtotal, Medical Services with Collections</b>	<b>58,838,053</b>	<b>62,123,536</b>	<b>73,481,867</b>
Medical Community Care (Advance Appropriation)	17,131,179	20,148,244	24,156,659
Annual Appropriation	1,380,800	3,269,000	4,300,000
Transfer to Joint DoD/VA Medical Facility Demonstration Fund	-28,392	-43,768	-50,768
Medical Care Collections Fund to Medical Community Care	564,329	623,228	791,075
<b>Subtotal, Medical Community Care with Collections</b>	<b>19,047,916</b>	<b>23,996,704</b>	<b>29,196,966</b>

(\$s in thousands)

<b>Appropriation/Fund Account</b>	<b>2021 Enacted</b>	<b>2022 Request</b>	<b>2022 Request</b>
Medical Support and Compliance (Advance Appropriation)	7,914,191	8,403,117	9,673,409
Annual Appropriation	300,000		1,400,000
Rescission P.L. 116-260	-15,000		
Transfer to Joint DoD/VA Medical Facility Demonstration Fund	-30,213	-30,613	-30,613
<b>Subtotal, Medical Support and Compliance</b>	<b>8,168,978</b>	<b>8,372,504</b>	<b>11,042,796</b>
Medical Facilities (Advance Appropriation)	6,433,265	6,734,680	7,133,816
Annual Appropriation	150,000		1,500,000
Transfer to Joint DoD/VA Medical Facility Demonstration Fund	-40,297	-92,830	-50,297
<b>Subtotal, Medical Facilities</b>	<b>6,542,968</b>	<b>6,641,850</b>	<b>8,583,519</b>
VA/DoD Health Care Sharing Incentive Fund			
Transfer from Medical Services	15,000	15,000	15,000
Transfer from DoD	15,000	15,000	15,000
<b>Subtotal, VA/DoD Health Care Sharing Incentive Fund</b>	<b>30,000</b>	<b>30,000</b>	<b>30,000</b>
Joint DoD/VA Medical Facility Demonstration Fund			
Transfer from DoD	137,000	137,000	167,610
Transfer from Medical Services	215,945	203,805	190,377
Transfer from Medical Support and Compliance	30,213	30,613	30,613
Transfer from Medical Facilities	40,297	92,830	50,297
Transfer from Medical Community Care	28,392	43,768	50,768
Transfer from Medical Care Collections Fund	13,604	16,602	15,598
Transfer from Information Technology	8,085	7,993	8,085
<b>Subtotal, Joint DoD/VA Medical Facility Demonstration Fund</b>	<b>473,536</b>	<b>532,611</b>	<b>513,348</b>
Grants for State Extended Care	90,000	0	150,000
<b>Subtotal, Veterans Health Administration</b>	<b>93,986,451</b>	<b>102,579,205</b>	<b>123,914,496</b>
<b>National Cemetery Administration</b>	<b>352,000</b>	<b>394,000</b>	<b>430,000</b>
<b>Subtotal, National Cemetery Administration</b>	<b>352,000</b>	<b>394,000</b>	<b>430,000</b>
Grants for State Cemeteries	45,000	45,000	50,000
General Administration	365,911	401,200	435,000
Rescission P.L. 116-260	-12,000		
<b>Subtotal, General Administration</b>	<b>353,911</b>	<b>401,200</b>	<b>435,000</b>
Board of Veterans' Appeals	196,000	228,000	285,000
<b>Subtotal, Board of Veterans' Appeals</b>	<b>196,000</b>	<b>228,000</b>	<b>285,000</b>



(\$s in thousands)

Appropriation/Fund Account	2021 Enacted	2022 Request	2022 Request
VBA-GOE	3,180,000	3,423,000	3,863,000
Rescission P.L. 116-260	-16,000		
<b>Subtotal, VBA-GOE</b>	<b>3,164,000</b>	<b>3,423,000</b>	<b>3,863,000</b>
Vocational Rehabilitation Direct Loan Admin and Subsidy	458	432	453
Native American Direct Loan Admin	1,186	1,186	1,186
Veterans Housing Benefits Admin	204,400	229,500	282,361
<b>Subtotal, Credit Reform</b>	<b>206,044</b>	<b>231,118</b>	<b>284,000</b>
Asset and Infrastructure Review Commission		5,000	5,000
Office of Inspector General	228,000	239,000	273,000
Construction Major	1,316,000	1,611,000	1,447,890
Construction Minor	390,000	553,000	626,110
Rescission P.L. 116-260	-35,700		
<b>Subtotal, Minor Construction</b>	<b>354,300</b>	<b>553,000</b>	<b>626,110</b>
<b>Subtotal, Major and Minor Construction</b>	<b>1,670,300</b>	<b>2,164,000</b>	<b>2,074,000</b>
Electronic Health Records Modernization (EHRM)	2,627,000	2,663,000	1,759,000
Rescission P.L. 116-260	-20,000		
<b>Subtotal, EHRM Budget Authority</b>	<b>2,607,000</b>	<b>2,663,000</b>	<b>1,759,000</b>
Information Technology Systems	4,912,000	4,842,800	5,782,000
Rescission P.L. 116-260	-37,500		
Transfer to Joint DoD/VA Medical Facility Demonstration Fund	-8,085	-7,993	-8,085
<b>Subtotal, Information Technology</b>	<b>4,866,415</b>	<b>4,834,807</b>	<b>5,773,915</b>
<b>Subtotal, Discretionary Appropriations net of rescission w/o MCCF</b>	<b>\$104,583,673</b>	<b>\$113,122,378</b>	<b>\$135,236,610</b>
<b>Subtotal, Discretionary Appropriations net of rescission w/ MCCF</b>	<b>\$107,675,121</b>	<b>\$117,207,330</b>	<b>\$139,146,411</b>
<b>Total VA with MCCF</b>	<b>\$245,404,821</b>	<b>\$269,861,618</b>	<b>\$300,427,938</b>

\* P.L. 116-260 included rescissions against prior year unobligated balances.

## 2021 COVID-19 Supplemental Appropriation

\$s in millions	Section of P.L. 117-2	2021 Enacted
Medical Services	8007	\$628
Medical Community Care	8004, 8007	322
Veterans Medical Care and Health Fund	8002	14,482
Medical Care Collections Fund	8007	300
Emergency Department of Veterans Affairs Employee Leave Fund	8008	80
Information Technology Systems	8003	100
Board of Veterans' Appeals	8001	10
Veterans Benefits Administration	8001, 8006	262
Office of Inspector General	8003	10
Grants for State Extended Care Facilities	8004	500
Readjustment Benefits	8001, 8006	386
<b>Total Mandatory Funding</b>		<b>\$17,080</b>

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*Net Appropriation Request and Enacted  
Appropriations*

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See table on the next page

**Department of Veterans Affairs  
FY 2017 - 2022 Historical Appropriations: Requested and Enacted**

(\$ in millions)	2017 Requested	2017 Enacted	2018 Requested	2018 Enacted	2019 Requested	2019 Enacted	2020 Requested	2020 Enacted /3	2021 Requested	2021 Enacted /4	2022 Requested	2022 Enacted /5
<b>Benefit programs:</b>												
Compensation and Pensions (mandatory)	\$86,083	\$86,083	\$86,895	\$90,119	\$97,068	\$98,763	\$109,017	\$110,457	\$121,061	\$124,357	\$137,575	-
Readjustment Benefits (mandatory)	16,341	16,341	13,667	13,709	11,862	11,832	14,065	14,065	12,579	12,579	14,947	-
Housing and Credit Reform (mandatory)	574	876	378	1,035	222	211	2	75	-	667	(5)	-
Insurance (mandatory)	109	109	120	120	106	109	129	129	131	131	137	-
<b>Total Benefits Mandatory</b>	<b>103,106</b>	<b>103,408</b>	<b>101,059</b>	<b>104,983</b>	<b>109,258</b>	<b>110,915</b>	<b>123,213</b>	<b>124,727</b>	<b>133,771</b>	<b>137,735</b>	<b>\$152,654</b>	-
<b>Medical programs:</b>												
<b>Medical care:</b>												
Medical Services	52,752	45,372	45,918	46,110	50,161	49,911	51,411	51,061	56,655	56,555	58,897	-
Medical Community Care	-	7,246	9,663	9,828	8,385	9,385	15,280	15,280	18,512	18,512	23,417	-
Medical Support & Compliance	6,524	6,498	6,939	6,758	7,239	7,028	7,338	7,328	8,214	8,199	8,403	-
Medical Facilities	5,723	5,313	6,515	7,217	5,914	6,807	6,142	6,142	6,583	6,583	6,735	-
<b>Subtotal, Medical Care (discretionary)</b>	<b>64,999</b>	<b>64,429</b>	<b>69,035</b>	<b>69,913</b>	<b>71,699</b>	<b>73,131</b>	<b>80,171</b>	<b>79,811</b>	<b>89,964</b>	<b>89,850</b>	<b>97,452</b>	-
Veterans Choice Act (mandatory)	-	2,100	2,874	7,300	-	-	-	-	-	-	-	-
Medical Research and Support	663	673	640	722	727	779	762	750	787	795	882	-
DoD Transfers for Joint Accounts	-	95	-	-	128	128	142	126	152	152	152	-
<b>Subtotal, medical programs (discretionary) /1</b>	<b>65,662</b>	<b>65,197</b>	<b>69,675</b>	<b>70,635</b>	<b>72,555</b>	<b>74,038</b>	<b>81,075</b>	<b>80,687</b>	<b>90,903</b>	<b>90,797</b>	<b>98,486</b>	-
Transfer from Veterans Choice to Community	-	-	-	-	-	-	-	(615)	-	-	-	-
National Cemetery Administration	286	286	306	306	316	316	329	328	360	352	394	-
<b>Departmental Administration</b>												
General Administration	418	345	347	336	368	356	369	356	413	354	401	-
Board of Veterans' Appeals	156	156	156	161	175	175	182	174	198	196	228	-
Veterans Benefits Administration	2,826	2,844	2,844	2,910	2,869	2,956	3,000	3,125	3,207	3,164	3,423	-
Inspector General	160	160	160	164	172	192	207	210	228	228	239	-
Construction-Major	528	528	512	512	1,127	2,177	1,235	1,235	1,373	1,316	1,611	-
Construction - Minor	372	372	343	768	707	800	399	399	400	354	553	-
Grants for State Extended Care Facilities	80	90	90	685	150	150	90	90	90	90	-	-
Grants for State Cemeteries	45	45	45	45	45	45	45	45	45	45	45	-
Credit Reform (discretionary)	200	200	180	180	202	202	202	202	206	206	231	-
Asset Infrastructure Review Commission	-	-	-	-	-	-	-	-	-	-	5	-
Electronic Health Records Modernization	-	-	-	782	1,207	1,107	1,603	1,430	2,627	2,607	2,663	-
Information Technology	4,278	4,270	4,056	4,056	4,185	4,103	4,343	4,372	4,912	4,875	4,843	-
<b>Discretionary Programs</b>	<b>\$75,013</b>	<b>\$74,494</b>	<b>\$78,713</b>	<b>\$81,540</b>	<b>\$84,077</b>	<b>\$86,618</b>	<b>\$93,079</b>	<b>\$92,037</b>	<b>\$104,962</b>	<b>\$104,584</b>	<b>113,122</b>	-
<b>Mandatory Programs /2</b>	<b>\$103,106</b>	<b>\$105,508</b>	<b>\$103,933</b>	<b>\$112,283</b>	<b>\$109,258</b>	<b>\$110,915</b>	<b>\$123,213</b>	<b>\$124,727</b>	<b>\$133,771</b>	<b>\$137,735</b>	<b>\$152,654</b>	-
<b>VA Total</b>	<b>\$178,119</b>	<b>\$180,002</b>	<b>\$182,646</b>	<b>\$193,823</b>	<b>\$193,335</b>	<b>\$197,533</b>	<b>\$216,292</b>	<b>\$216,764</b>	<b>\$238,733</b>	<b>\$242,318</b>	<b>\$265,777</b>	-

/1 2018 and 2019 includes hurricane supplemental appropriation, and Veterans Choice Act mandatory appropriation are reflected in mandatory totals.

/2 2017 and 2018 include Veterans Choice Act mandatory appropriations.

/3 The Further Consolidated Appropriations Act, 2020 (Public Law 116-94) rescinded \$504.9 million in prior year unobligated balances and authorized a mandatory balance transfer of \$615 million from the Veterans Choice Fund to the discretionary Medical Community Care account. Excludes COVID-19 Supplemental Appropriations

/4 Excludes American Rescue Plan Supplemental Appropriations, (Public Law 117-2)

/5 A full-year 2022 appropriation was not enacted at the time the Budget was prepared.



## *Functional Distribution of Budget Authority (Net)*

### Functional distribution of Budget Authority (Net)

\$s in thousands

Function and Program	2021 Actual	2022 Estimate	2023 Request & Transmit 4
<b>701: Income security for Veterans</b>			
Compensation and Pensions (036-0102)	124,357,227	130,227,650	152,016,542
Veterans Insurance and Indemnities (036-0120)	\$131,372	\$136,950	\$109,865
National Service Life Insurance Fund (036-8132)	450,697	387,496	298,588
NSLI Fund, Premium and Other Receipts (813210)	(28,071)	(31,560)	(22,800)
<b>Subtotal, Income security for Veterans</b>	<b>\$124,911,224</b>	<b>\$130,720,536</b>	<b>\$152,402,195</b>
<b>702: Veterans education, training and rehabilitation</b>			
Readjustment Benefits (036-0137)	12,964,965	14,946,618	8,906,851
Transmit 4 Readjustment Benefits (036-0137)	-	-	1,810
Contributions from Military Personnel, Veterans Educational Act (247300)	(132,000)	(121,500)	(34,000)
<b>Subtotal, Veterans education, training and rehabilitation</b>	<b>\$12,832,965</b>	<b>\$14,825,118</b>	<b>\$8,874,661</b>
<b>703: Hospital and medical care for veterans</b>			
Construction, Major Projects (036-0110)	1,316,000	1,611,000	1,447,890
Construction, Minor Projects (036-0111)	354,300	553,000	626,110
Emergency Department of Veterans Affairs Employee Leave Fund (036-0131)	80,000	-	-
Medical Community Care (036-0140)	19,148,016	22,198,026	29,196,966
Medical Community Care (036-0140)	322,000	-	-
Medical Support and Compliance (036-0152)	8,168,978	8,657,504	11,042,796
Medical Services (036-0160)	627,900	-	-
Medical Services (036-0160)	58,202,053	62,074,662	73,481,867
Medical and Prosthetic Research (036-0161)	795,000	795,000	916,000
Medical Facilities (036-0162)	6,542,968	6,791,850	8,583,519
DOD-VA Health Care Sharing Incentive Fund (036-0165)	30,000	30,000	30,000
Joint DOD-VA Medical Facility Demonstration Fund (036-0169)	472,761	531,650	513,348
Veterans Medical Care and Health Fund (036-0173)	14,482,000	-	-
Grants for Construction of State Extended Care Facilities (036-0181)	90,000	90,000	150,000
Grants for Construction of State Extended Care Facilities (036-0181)	500,000	-	-
Grants for Construction of Veterans Cemeteries (036-0183)	45,000	45,000	50,000
Electronic Health Care Record Modernization (036-1123)	2,607,000	2,663,000	1,759,000
Canteen Service Revolving Fund (036-4014)	140,000	-	-
Medical Care Collections Fund (036-5287)	300,000	-	-
General Post Fund, National Homes (036-8180)	20,198	21,000	21,000
MCCF Pharmaceutical Co-Payments (528710)	(207,000)	(322,826)	(331,314)
MCCF Third Part Prescription Claims (528711)	(145,000)	(151,965)	(154,229)
MCCF Enhanced-use Lease Proceeds (528712)	(1,000)	(562)	(756)
MCCF Fee Basis 3rd Party MCCF (528713)	(577,000)	(692,552)	(770,531)
MCCF Fee Based First Party Collections (528714)	(16,000)	(20,018)	(20,544)
MCCF First Party Collections (528730)	(48,000)	(154,132)	(158,184)
MCCF Third Party Collections (528740)	(2,111,000)	(2,548,681)	(2,434,208)
MCCF Parking Fees (528760)	(4,000)	(1,620)	(2,180)
MCCF Compensated Work Therapy (528770)	(35,000)	(26,735)	(35,974)
MCCF Payments from Compensation and Pension (528780)	(2,000)	(810)	(1,090)
MCCF Long-term Care Copayments (528790)	-	(770)	(791)
<b>Subtotal, Hospital and medical care for veterans</b>	<b>\$111,098,174</b>	<b>\$102,141,021</b>	<b>\$123,908,695</b>

Function and Program	2021 Actual	2022 Estimate	2023 Request & Transmit 4
<b>704: Veterans housing</b>			
Veterans Housing Benefit Program Fund (036-1119D)	204,400	229,500	282,361
Veterans Housing Benefit Program Fund (036-1119M)	667,034	1,906,533	248,269
Native American Veteran Housing Loan Program Account (036-1120D)	1,623	1,618	1,639
Native American Veteran Housing Loan Program Account (036-1120M)	1,223	3,084	-
Housing Liquidating Account (036-4025)	(5,483)	(4,159)	-
Housing Downward Reestimates (273330)	(2,022,089)	(336,704)	-
Native American Veteran Housing Loans, Negative Subsidies (275110)	(2,499)	(2,096)	(1,621)
Native American Direct Loans, Downward Reestimate of Subsidies (275130)	(795)	(175)	-
Housing Negative Subsidies (275510)	(2,115,753)	(282,242)	(47,023)
<b>Subtotal, Veterans housing</b>	<b>-\$3,272,339</b>	<b>\$1,515,361</b>	<b>\$483,625</b>
<b>705: Other Veterans benefits and services</b>			
National Cemetery Administration (036-0129)	364,495	395,282	430,000
General Administration (036-0142)	353,911	401,200	435,000
General Operating Expenses, Veterans Benefits Administration (036-0151)	3,502,000	3,423,000	3,863,000
General Operating Expenses, Veterans Benefits Administration (036-0151)	262,000	-	-
Information Technology Systems (036-0167)	4,911,415	4,844,385	5,773,915
Information Technology Systems (036-0167)	100,000	-	-
Office of Inspector General (036-0170)	227,999	239,000	273,000
Office of Inspector General (036-0170)	10,000	-	-
Board of Veterans Appeals (036-1122)	197,000	228,000	285,000
Board of Veterans Appeals (036-1122)	10,000	-	-
Asset Infrastructure Review Commission (036-1130)	-	5,000	5,000
General Post Fund, National Homes, Deposits (8180001)	(20,000)	(20,000)	(20,000)
<b>Subtotal, Other Veterans benefits and services</b>	<b>\$9,918,820</b>	<b>\$9,515,867</b>	<b>\$11,044,916</b>
<b>809: Deductions for offsetting receipts</b>			
All Other General Fund Proprietary Receipts Including Budget Clearing Accounts (3220000)	(44,000)	(53,000)	(54,000)
Undistributed Intragovernmental Payments and Receivables from Cancelled Accounts (3885000)	(8,000)	(7,000)	(8,000)
<b>Subtotal, Deductions for offsetting receipts</b>	<b>-\$52,000</b>	<b>-\$60,000</b>	<b>-\$62,000</b>
<b>902: Interest received by on-budget trust funds</b>			
NSLI Fund, Interest (813220)	(56,459)	(48,830)	(31,760)
General Post Fund, National Homes, Interest on Investments (8180002)	(1,000)	(3,000)	(3,000)
<b>Subtotal, Interest received by on-budget trust funds</b>	<b>-\$57,459</b>	<b>-\$51,830</b>	<b>-\$34,760</b>
<b>908: Other interest</b>			
General Fund Proprietary Interest Receipts, not Otherwise Classified (1435000)	(1,000)	(6,000)	(7,000)
<b>Total Department of Veterans Affairs NET Budget Authority</b>	<b>\$255,378,386</b>	<b>\$258,600,074</b>	<b>\$296,610,331</b>

[Functional Categories of the Federal Budget](https://www.everycrsreport.com/reports/98-280.html)  
<https://www.everycrsreport.com/reports/98-280.html>



## Functional Distribution of Outlays (Net)

### Functional distribution of Outlays (Net)

\$s in thousands

Function and Program	2021 Actual	2022 Estimate	2023 Request & Transmit 4
<b>701: Income security for Veterans</b>			
Compensation and Pensions (036-0102)	116,227,394	142,591,859	144,047,294
Veterans Insurance and Indemnities (036-0120)	130,274	147,511	109,865
National Service Life Insurance Fund (036-8132)	547,925	478,990	389,658
NSLI Fund, Premium and Other Receipts (813210)	(24,000)	(32,000)	(23,000)
Veterans Special Life Insurance Fund (036-8455)	158,117	149,015	123,290
United States Government Life Insurance Fund (036-8150)	-	1,000	-
Servicemembers Group Life Insurance Fund (036-4009)	(1,261,408)	(631,912)	(546,000)
Veterans Reopened Insurance Fund (036-4010)	16,333	10,269	8,908
Service-disabled Veterans Insurance Fund (036-4012)	(15,335)	(10,326)	26,805
<b>Subtotal, Income security for Veterans</b>	<b>\$115,779,300</b>	<b>\$142,704,406</b>	<b>\$144,136,820</b>
<b>702: Veterans education, training and rehabilitation</b>			
Post-Vietnam Era Veterans Education Account (036-8133)	1,000	1,000	1,000
Contributions from Military Personnel, Veterans Educational Act (247300)	(132,000)	(122,000)	(34,000)
Readjustment Benefits (036-0137)	12,065,858	12,627,179	12,302,648
<b>Subtotal, Veterans education, training and rehabilitation</b>	<b>\$11,934,858</b>	<b>\$12,506,179</b>	<b>\$12,269,648</b>
<b>703: Hospital and medical care for veterans</b>			
Medical Community Care (036-0140)	250,000	65,000	6,000
Grants for Construction of State Extended Care Facilities (036-0181)	-	68,000	194,000
Veterans Medical Care and Health Fund (036-0173)	4,402	5,672,332	7,026,447
Medical Community Care (036-0140)	23,151,241	17,959,000	26,179,000
Medical Support and Compliance (036-0152)	7,843,000	8,521,000	9,911,516
Medical Services (036-0160)	60,378,717	61,824,000	73,059,000
Medical and Prosthetic Research (036-0161)	766,441	886,238	831,000
Medical Facilities (036-0162)	6,771,000	6,673,000	7,916,000
DOD-VA Health Care Sharing Incentive Fund (036-0165)	17,823	17,000	31,000
Joint DOD-VA Medical Facility Demonstration Fund (036-0169)	486,345	538,000	513,000
MCCF Pharmaceutical Co-Payments (528710)	(207,000)	(323,000)	(331,000)
MCCF Third Part Prescription Claims (528711)	(145,000)	(152,000)	(154,000)
MCCF Enhanced-use Lease Proceeds (528712)	(1,000)	(1,000)	(1,000)
MCCF Fee Basis 3rd Party MCCF (528713)	(577,000)	(693,000)	(771,000)
MCCF Fee Based First Party Collections (528714)	(16,000)	(20,000)	(21,000)
MCCF First Party Collections (528730)	(48,000)	(154,000)	(158,000)
MCCF Third Party Collections (528740)	(2,111,000)	(2,548,000)	(2,434,000)
Electronic Health Care Record Modernization (036-1123)	1,320,000	3,493,000	2,200,000
MCCF Parking Fees (528760)	(4,000)	(2,000)	(2,000)
MCCF Compensated Work Therapy (528770)	(35,000)	(27,000)	(36,000)
MCCF Payments from Compensation and Pension (528780)	(2,000)	(1,000)	(1,000)
MCCF Long-term Care Copayments (528790)	-	(1,000)	(1,000)
Veterans Choice Fund (036-0172)	(75,873)	15,465	118,000
Construction, Major Projects (036-0110)	877,000	1,542,869	1,355,000
Construction, Minor Projects (036-0111)	653,099	386,713	644,000
Grants for Construction of State Extended Care Facilities (036-0181)	305,746	19,000	108,000
Grants for Construction of Veterans Cemeteries (036-0183)	45,000	89,000	43,000
Emergency Department of Veterans Affairs Employee Leave Fund (036-0131)	18,107	-	-
Medical Care Collections Fund (036-5287)	243,610	56,390	-
<b>Subtotal, Hospital and medical care for veterans</b>	<b>\$99,909,657</b>	<b>\$103,904,007</b>	<b>\$126,224,963</b>

Function and Program	2021 Actual	2022 Estimate	2023 Request & Transmit 4
<b>704: Veterans housing</b>			
Veterans Housing Benefit Program Fund (036-1119M)	523,600	2,068,500	248,639
Native American Veteran Housing Loan Program Account (036-1120M)	-	4,674	-
Native American Direct Loans, Downward Reestimate of Subsidies (275130)	(1,000)	-	-
Housing Liquidating Account (036-4025)	(6,395)	(3,357)	-
Housing Negative Subsidies (275510)	(2,115,000)	(282,000)	(47,000)
Housing Downward Reestimates (273330)	(2,022,000)	(337,000)	-
Native American Veteran Housing Loans, Negative Subsidies (275110)	(2,000)	(2,000)	(2,000)
Veterans Housing Benefit Program Fund (036-1119D)	204,400	229,500	282,361
Native American Veteran Housing Loan Program Account (036-1120D)	1,251	1,618	1,639
<b>Subtotal, Veterans housing</b>	<b>-\$3,417,144</b>	<b>\$1,679,935</b>	<b>\$483,639</b>
<b>705: Other Veterans benefits and services</b>			
Veterans Affairs Life Insurance (036-4379)	-	-	(218,170)
Information Technology Systems (036-0167)	-	90,000	10,000
Board of Veterans Appeals (036-1122)	908	-	-
General Post Fund, National Homes, Deposits (8180001)	(20,000)	(20,000)	(20,000)
General Post Fund, National Homes (036-8180)	14,403	16,000	17,000
Canteen Service Revolving Fund (036-4014)	(430)	27,000	13,000
General Operating Expenses, Veterans Benefits Administration (036-0151)	3,034,908	4,264,269	3,988,192
National Cemetery Administration (036-0129)	337,000	387,000	412,000
General Administration (036-0142)	334,677	509,800	406,800
Information Technology Systems (036-0167)	5,482,000	6,330,000	5,709,000
Office of Inspector General (036-0170)	224,000	188,000	261,000
Board of Veterans Appeals (036-1122)	198,092	185,000	275,000
Recurring Expenses Transformation Fund (036-1124)	-	330,000	1,092,000
Franchise Fund (036-4539)	(25,429)	(24,000)	(24,000)
Supply Fund (036-4537)	51,000	295,000	43,000
Asset Infrastructure Review Commission (036-1130)	-	-	4,000
<b>Subtotal, Other Veterans benefits and services</b>	<b>\$9,631,130</b>	<b>\$12,578,069</b>	<b>\$11,968,822</b>
<b>809: Deductions for offsetting receipts</b>			
All Other General Fund Proprietary Receipts Including Budget Clearing Accounts (3220000)	(44,000)	(53,000)	(54,000)
Undistributed Intragovernmental Payments and Receivables from Cancelled Accounts (3885000)	(8,000)	(7,000)	(8,000)
<b>Subtotal, Deductions for offsetting receipts</b>	<b>-\$52,000</b>	<b>-\$60,000</b>	<b>-\$62,000</b>
<b>902: Interest received by on-budget trust funds</b>			
NSLI Fund, Interest (813220)	(61,000)	(49,000)	(32,000)
General Post Fund, National Homes, Interest on Investments (8180002)	(1,000)	(3,000)	(3,000)
<b>Subtotal, Interest received by on-budget trust funds</b>	<b>-\$62,000</b>	<b>-\$52,000</b>	<b>-\$35,000</b>
<b>902: Interest received by on-budget trust funds</b>			
General Fund Proprietary Interest Receipts, not Otherwise Classified (1435000)	(1,000)	(6,000)	(7,000)
<b>Total NET Outlay</b>	<b>233,722,801</b>	<b>273,254,596</b>	<b>294,979,892</b>

[Functional Categories of the Federal Budget](#)

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## Obligations

### Obligations by Account

The following table provides obligations by account in thousands of dollars, aligned with the President's Budget Appendix which provides obligations in millions of dollars. Obligations are from all funding sources.

(\$s in thousands)	2021 Actual	2022 Estimate	2023 Request
<b>Veterans Health Administration</b>			
Medical Community Care (036-0140)	23,530,226	23,980,733	29,197,437
Medical Support and Compliance (036-0152)	8,216,000	8,672,500	11,283,079
Medical Services (036-0160)	62,331,961	64,364,019	75,274,603
Medical and Prosthetic Research (036-0161)	933,873	886,238	973,250
Medical Facilities (036-0162)	7,404,021	7,151,520	8,959,109
DOD-VA Health Care Sharing Incentive Fund (036-0165)	23,811	23,811	23,811
Joint DOD-VA Medical Facility Demonstration Fund (036-0169)	501,176	545,163	526,648
Veterans Choice Fund (036-0172)	25,180	15,465	266,000
General Post Fund, National Homes (036-8180)	15,007	15,593	16,958
Canteen Service Revolving Fund (036-4014)	377,706	254,250	261,877
Emergency Department of Veterans Affairs Employee Leave Fund (036-0131)	18,107	0	0
Veterans Medical Care and Health Fund (036-0173)	7,228	10,282,511	4,192,262
Medical Care Collections Fund (036-5287)	243,610	56,390	0
<b>Subtotal, Veterans Health Administration</b>	<b>103,627,906</b>	<b>116,248,193</b>	<b>130,975,034</b>
<b>Benefits Programs</b>			
General Operating Expenses, Veterans Benefits Administration (036-0151)	5,942,813	6,720,734	7,601,649
Veterans Housing Benefit Program Fund (036-1119)	871,380	2,136,033	530,630
Native American Veteran Housing Loan Program Account (036-1120)	2,841	4,702	1,639
Veterans Insurance and Indemnities (036-0120)	273,975	294,477	232,000
National Service Life Insurance Fund (036-8132)	473,441	417,022	324,418
Compensation and Pensions (036-0102)	116,596,457	133,594,387	145,382,000
Readjustment Benefits (036-0137)	12,328,444	12,179,009	12,557,000
Servicemembers Group Life Insurance Fund (036-4009)	216,218	663,210	663,210
Veterans Reopened Insurance Fund (036-4010)	15,157	10,976	8,328
Service-disabled Veterans Insurance Fund (036-4012)	194,389	205,790	202,510
Housing Liquidating Account (036-4025)	270	382	0
Vocational Rehabilitation Direct Loan Financing Account (036-4112)	628	1,754	942
Housing Direct Loan Financing Account (036-4127)	83,536	278,509	290,651
Housing Guaranteed Loan Financing Account (036-4129)	4,696,834	6,904,000	3,447,000
Native American Direct Loan Financing Account (036-4130)	18,618	16,631	17,033
Transitional Housing Direct Loan Financing Account (036-4258)	432	487	189
Veterans Special Life Insurance Fund (036-8455)	182,586	167,880	152,440
Veterans Affairs Life Insurance (036-4379)	0	0	14,030
<b>Subtotal, Benefits Programs</b>	<b>141,898,020</b>	<b>163,595,983</b>	<b>171,425,669</b>

(\$s in thousands)	2021 Actual	2022 Estimate	2023 Request
<b>Departmental Administration</b>			
Construction, Major Projects (036-0110)	1,241,398	2,091,647	1,959,000
Construction, Minor Projects (036-0111)	724,451	442,005	624,000
National Cemetery Administration (036-0129)	368,197	397,400	433,400
General Administration (036-0142)	764,954	826,785	882,423
Information Technology Systems (036-0167)	6,230,543	5,093,184	5,899,952
Office of Inspector General (036-0170)	228,842	258,334	276,216
Grants for Construction of State Extended Care Facilities (036-0181)	297,576	398,050	398,000
Grants for Construction of Veterans Cemeteries (036-0183)	51,998	49,000	54,000
Board of Veterans Appeals (036-1122)	201,937	240,211	288,119
Franchise Fund (036-4539)	1,358,875	1,716,352	1,719,054
Supply Fund (036-4537)	1,350,315	2,100,000	2,100,000
Electronic Health Care Record Modernization (036-1123)	1,960,700	3,383,465	1,759,000
Asset Infrastructure Review Commission (036-1130)	0	5,000	5,000
Recurring Expenses Transformation Fund (036-1124)	0	868,000	968,000
<b>Subtotal, Departmental Administration</b>	<b>14,779,787</b>	<b>17,869,432</b>	<b>17,366,164</b>
<b>Total Obligations</b>	<b>260,305,712</b>	<b>297,713,609</b>	<b>319,766,867</b>



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## *Budget Tables - Actuals: 2012 - 2021*

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**Budget Authority  
2012 - 2021 Actuals**  
(\$\$ in thousands)

Appropriation/Fund Account	2012 (Net)	2013 (Net)	2014 (Net)	2015 (Net)	2016 (Net)	2017 (Net)	2018 (Net)	2019 (Net)	2020 (Net)	2021 (Net)
<b>Federal funds:</b>										
<b>Benefit programs</b>										
Compensation and pensions	\$51,237,567	\$61,424,693	\$71,476,104	\$79,071,000	\$76,865,545	\$86,083,127	\$90,119,449	\$98,762,875	\$110,457,083	\$124,357,227
Readjustment benefits	12,108,487	11,198,620	13,135,898	14,997,136	14,313,357	16,340,828	13,708,648	11,832,175	14,065,282	12,964,965
Veterans insurance and indemnities	100,252	104,600	77,567	63,257	77,160	108,525	120,338	109,090	128,960	131,372
Veterans housing benefit program fund account	1,727,314	1,542,523	2,203,039	1,023,919	1,128,164	1,170,849	1,220,893	251,001	304,779	667,034
Veterans housing benefit program fund liquidating account, permanent	-7,383	-16,000	-14,412	-12,837	-10,261	-12,247	-9,262	-8,681	-7,024	-5,483
Native American veteran housing loan program account	1,116	1,088	2,437	2,222	1,807	2,654	2,784	3,233	1,186	2,388
Vocational rehabilitation loans program account	358	362	437	481	477	554	432	434	460	79
<b>Total benefit programs</b>	<b>65,167,711</b>	<b>74,255,886</b>	<b>86,881,070</b>	<b>95,145,178</b>	<b>92,376,249</b>	<b>103,694,290</b>	<b>105,163,282</b>	<b>110,950,127</b>	<b>124,950,726</b>	<b>138,117,582</b>
<b>Medical programs:</b>										
Medical care										
Medical services	42,331,830	44,032,452	46,354,583	48,464,754	53,197,413	47,513,958	49,054,536	52,951,241	67,619,153	58,829,953
Medical Community Care	0	0	0	0	0	8,540,161	10,074,280	9,680,839	17,335,000	19,470,016
Medical support and compliance	5,405,482	5,698,104	5,898,430	5,788,131	6,033,276	6,407,029	6,728,915	7,097,778	7,923,532	8,168,978
Medical facilities	5,388,838	5,409,938	4,924,002	4,620,775	4,672,787	5,278,002	7,247,620	6,893,971	6,708,635	6,542,968
Veterans Medical Care and Health Fund										
<b>Total Medical care programs</b>	<b>53,126,150</b>	<b>55,140,494</b>	<b>57,177,015</b>	<b>58,873,660</b>	<b>63,903,476</b>	<b>67,739,150</b>	<b>73,105,351</b>	<b>76,623,829</b>	<b>99,586,320</b>	<b>14,482,000</b>
Medical and prosthetic research	581,000	581,905	585,664	588,513	610,535	673,366	722,262	779,000	750,000	107,493,915
DoD/VVA health care sharing Incentive fund	130,000	30,000	30,000	15,000	0	-10,000	30,000	30,000	30,000	795,000
Joint DoD/VVA Medical Facility Demonstration Fund	375,758	378,156	383,749	398,706	392,430	415,828	429,923	432,152	455,090	30,000
<b>Total medical programs</b>	<b>54,212,908</b>	<b>56,130,555</b>	<b>58,176,428</b>	<b>59,875,879</b>	<b>64,906,441</b>	<b>68,818,344</b>	<b>74,287,536</b>	<b>77,864,981</b>	<b>100,821,410</b>	<b>108,791,676</b>
Veterans Choice Act			15,000,000			2,100,000	7,300,000	0	0	0

**Budget Authority  
2012 - 2021 Actuals**  
(dollar in thousands)

Appropriation/fund Account	2012 (Net)	2013 (Net)	2014 (Net)	2015 (Net)	2016 (Net)	2017 (Net)	2018 (Net)	2019 (Net)	2020 (Net)	2021 (Net)
Construction, major projects	589,604	738,767	342,130	692,000	1,221,000	305,490	512,430	2,177,486	1,235,200	1,316,000
Construction, minor projects	482,386	606,728	714,870	492,200	321,491	372,069	767,570	799,514	400,000	354,300
Grants for the construction of State extended care facilities	85,000	84,888	85,000	90,000	140,000	90,000	685,000	150,000	240,000	590,000
Grants for the construction of State veterans cemeteries	46,000	45,939	45,000	46,000	46,000	45,000	45,000	45,000	45,000	45,000
<b>Total construction programs</b>	<b>1,202,990</b>	<b>1,476,322</b>	<b>1,187,000</b>	<b>1,320,200</b>	<b>1,728,491</b>	<b>812,559</b>	<b>2,010,000</b>	<b>3,172,000</b>	<b>1,920,200</b>	<b>2,305,300</b>
Information Technology	3,104,771	3,514,979	3,696,555	3,895,070	4,050,474	4,262,958	4,047,982	4,198,772	6,513,835	5,011,415
Electronic Health Record Modernization	0	0	0	0	0	0	782,000	1,107,000	1,430,000	2,607,000
National cemetery administration	250,934	260,043	249,000	256,630	271,220	286,193	306,193	315,836	329,000	364,495
<b>General operating expenses and misc:</b>										
General operating expenses	2,018,764	2,161,403	2,465,490	2,531,900	2,703,680	2,854,160	2,435,331	2,956,316	3,138,000	3,764,000
VBA General Operating Expenses	416,737	424,176	413,885	320,015	333,050	345,391	335,891	355,896	362,000	353,911
General Administration	0	0	0	99,180	109,884	145,596	154,048	167,248	174,000	207,000
Board of Veterans' Appeals	0	0	0	0	0	0	0	0	0	0
Filipino veterans equity compensation fund	0	0	0	-36,030	0	0	0	0	0	0
Franchise Fund	0	0	0	126,686	136,766	159,606	164,000	192,000	222,500	237,999
Office of Inspector General	112,391	114,848	121,411	126,686	136,766	159,606	164,000	192,000	222,500	237,999
<b>Total GOE and miscellaneous</b>	<b>2,547,892</b>	<b>2,700,427</b>	<b>3,000,786</b>	<b>3,041,751</b>	<b>3,283,380</b>	<b>3,504,753</b>	<b>3,089,270</b>	<b>3,671,460</b>	<b>3,896,500</b>	<b>4,562,910</b>
<b>Total appropriations (adjusted)</b>	<b>123,131,501</b>	<b>134,563,190</b>	<b>164,245,284</b>	<b>159,383,008</b>	<b>162,294,561</b>	<b>178,929,946</b>	<b>191,850,088</b>	<b>195,658,568</b>	<b>231,588,836</b>	<b>253,777,468</b>
DEDUCT: Proprietary receipts from the public	-2,814,245	-2,887,062	-3,087,989	-3,445,136	-3,503,146	-3,561,641	-3,515,635	-3,915,000	-3,309,179	-3,146,000
<b>Total federal funds</b>	<b>120,317,256</b>	<b>131,676,128</b>	<b>161,157,295</b>	<b>155,937,872</b>	<b>158,791,415</b>	<b>175,368,305</b>	<b>188,334,453</b>	<b>191,743,568</b>	<b>228,279,657</b>	<b>250,631,468</b>
<b>Trust funds:</b>										
Post-Vietnam era veterans education account	6	0	0	0	0	0	0	0	0	0
General post fund	25,962	31,097	28,539	23,447	23,144	21,581	24,848	26,972	19,481	20,198
Pershing Hall revolving fund	0	0	0	0	0	0	0	0	0	0
National service life insurance	979,393	1,043,205	898,244	907,298	821,203	759,278	711,065	591,312	525,644	450,697
U.S. Government life insurance	3,221	2,061	2,139	1,389	1,069	690	576	488	0	0
Service-disabled veterans insurance fund	0	0	0	0	0	0	0	0	0	0
Veterans reopened insurance fund	0	0	0	0	0	0	0	0	0	0
Veterans special life insurance fund	0	0	0	0	0	0	0	0	0	0
Service members' group life insurance fund	0	0	0	0	0	0	0	0	0	0
National cemetery gift fund	0	0	0	0	0	0	0	0	0	0
<b>Total trust funds (gross)</b>	<b>1,008,582</b>	<b>1,076,363</b>	<b>928,922</b>	<b>932,134</b>	<b>845,416</b>	<b>781,549</b>	<b>736,489</b>	<b>618,772</b>	<b>545,125</b>	<b>470,895</b>
DEDUCT: Proprietary receipts from the public	-530,144	-402,618	-238,934	-492,005	-535,632	-1,965,268	-2,475,758	-4,006,746	-3,803,716	-3,706,888
<b>Total trust funds (net)</b>	<b>478,438</b>	<b>673,745</b>	<b>689,988</b>	<b>440,129</b>	<b>309,784</b>	<b>-1,183,719</b>	<b>-1,739,269</b>	<b>-3,387,974</b>	<b>-3,803,716</b>	<b>-3,235,993</b>
DEDUCT: Intragovernmental transactions	-793	-195	-162	-133	0	-9,000	84,187			
<b>Total Department of Veterans Affairs</b>	<b>\$124,150,606</b>	<b>\$136,124,700</b>	<b>\$165,792,676</b>	<b>\$160,529,568</b>	<b>\$163,422,893</b>	<b>\$178,724,737</b>	<b>\$191,815,546</b>	<b>\$193,977,202</b>	<b>\$232,748,776</b>	<b>\$255,378,386</b>

**Budget Outlays**  
**2012 - 2021 Actuals**  
**(\$s in thousands)**

Appropriation/Fund Account	2012 (Net)	2013 (Net)	2014(Net)	2015 (Net)	2016 (Net)	2017 (Net)	2018 (Net)	2019 (Net)	2020 (Net)	2021 (Net)
<b>Federal Funds:</b>										
<b>Benefit programs:</b>										
Compensation & pensions	54,754,081	64,759,196	69,817,427	75,230,757	85,737,331	85,074,965	84,567,971	100,450,647	110,123,650	116,227,394
Readjustment benefits	10,330,493	12,807,152	13,355,332	13,235,989	14,250,257	13,226,112	12,454,663	13,204,948	12,924,000	12,065,858
Veterans insurance and indemnities	99,777	104,044	76,684	63,257	77,410	107,505	117,458	110,000	125,540	130,274
Veterans housing benefit program fund liquidating account	(8,545)	(17,115)	(15,555)	(13,550)	(11,582)	(12,247)	(9,262)	(10,184)	(8,028)	(6,395)
Veterans housing benefit program fund	1,729,965	1,535,044	2,203,308	1,023,919	1,125,058	1,166,191	1,187,322	392,652	243,000	728,000
Native American veteran housing loan program	1,116	1,088	2,437	2,222	1,797	2,654	2,784	2,680	2,335	816
Service-disabled veterans insurance fund	(22,934)	(17,706)	7,904	18,942	19,876	(5,921)	(15,317)	(6,000)	(26,602)	(15,335)
Veterans reopened insurance fund	28,080	27,462	26,703	28,608	25,882	21,857	21,199	18,000	18,147	16,333
Vocational rehabilitation loans program account	358	362	437	481	464	540	419	434	499	435
Service members' group life insurance fund	(15)	(8)	(6,000)	6,266	-	(12)	(15)	(300,000)	(961,192)	(1,261,408)
<b>Subtotal, benefits programs</b>	<b>66,912,376</b>	<b>79,199,519</b>	<b>85,468,677</b>	<b>89,596,891</b>	<b>101,226,493</b>	<b>99,581,644</b>	<b>98,327,222</b>	<b>113,863,177</b>	<b>122,441,349</b>	<b>127,885,972</b>
<b>Medical programs:</b>										
Medical services	40,198,800	42,382,283	46,027,803	49,749,412	50,779,216	47,217,927	48,941,592	52,363,000	55,330,000	60,378,717
Medical Community Care	-	-	-	-	-	6,274,465	9,307,654	11,896,000	18,083,984	23,401,241
Medical support and compliance	5,288,202	5,431,770	5,726,631	5,818,150	5,868,385	6,210,673	6,549,527	6,937,000	7,556,775	7,843,000
Medical facilities	5,442,108	5,505,289	5,158,341	5,016,838	4,739,835	4,985,463	5,512,129	5,960,058	6,444,131	6,771,000
<b>Subtotal, medical care programs</b>	<b>50,929,110</b>	<b>53,319,342</b>	<b>56,912,775</b>	<b>60,584,400</b>	<b>61,387,436</b>	<b>64,688,528</b>	<b>70,310,902</b>	<b>77,156,058</b>	<b>87,414,890</b>	<b>98,393,957</b>
Medical and prosthetic research	584,297	536,142	608,343	612,105	583,148	594,062	643,510	684,803	778,000	766,441
VA/DoD health care sharing Incentive fund	61,000	35,006	56,058	76,109	67,112	51,624	23,800	13,000	15,000	17,823
Joint DoD/VA medical Facility Demonstration Fund	342,312	350,467	365,756	359,350	387,577	406,506	415,413	439,788	469,826	486,345
Canteen service revolving fund	(21,392)	(16,136)	(20,437)	(11,495)	3,446	6,876	8,892	22,000	16,216	(430)
<b>Subtotal, medical programs</b>	<b>51,895,327</b>	<b>54,224,821</b>	<b>57,922,495</b>	<b>61,620,469</b>	<b>62,428,719</b>	<b>65,747,596</b>	<b>71,402,517</b>	<b>78,315,649</b>	<b>88,693,932</b>	<b>99,664,137</b>

**Budget Outlays  
2012 - 2021 Actuals**  
(*\$s in thousands*)

Appropriation/Fund Account	2012 (Net)	2013 (Net)	2014(Net)	2015 (Net)	2016 (Net)	2017 (Net)	2018 (Net)	2019 (Net)	2020 (Net)	2021 (Net)
<b>Construction programs:</b>										
Construction, major projects	738,251	698,505	914,491	1,207,209	1,352,729	738,020	1,360,269	1,117,176	1,330,000	877,000
Construction, minor projects	549,607	442,158	387,000	507,115	525,316	474,081	479,850	433,000	595,063	653,099
Grants for the construction of State extended care facilities	201,011	94,762	109,530	94,751	77,430	139,382	102,857	91,000	214,000	305,746
Grants for the construction of State veterans cemeteries	27,697	55,072	40,000	44,000	40,210	40,635	45,886	49,000	44,000	45,000
<b>Subtotal, construction programs</b>	<b>1,516,566</b>	<b>1,290,497</b>	<b>1,451,021</b>	<b>1,853,075</b>	<b>1,995,685</b>	<b>1,392,118</b>	<b>1,988,862</b>	<b>1,690,176</b>	<b>2,183,063</b>	<b>1,880,845</b>
Information Technology										
Electronic Health Record Modernization	3,265,767	3,217,999	3,432,096	3,792,122	3,766,689	4,207,065	4,172,777	4,352,000	4,963,000	5,482,000
National cemetery administration	255,005	258,138	267,874	269,758	275,000	282,000	295,719	322,000	321,000	337,000
<b>General operating expenses and misc.:</b>										
General operating expenses	2,143,680	2,131,134	2,357,710	2,602,792	2,453,335	2,632,357	2,348,889	2,863,479	2,432,000	3,034,908
VBA General Operating Expenses	283,965	322,389	414,052	313,538	281,842	402,924	312,848	300,000	303,800	334,677
General Administration				89,065	105,746	129,382	142,984	171,000	186,000	199,000
Board of Veterans' Appeals	1,659	1,080	558	177	51	84	102	45	-	-
Filipino veterans equity compensation fund										
Franchise fund	13,462	(40,313)	(54,716)	(21,906)	12,711	(41,091)	15,204	(30,000)	(102,000)	(25,429)
Office of Inspector General	111,563	117,788	114,638	126,493	134,094	148,295	166,882	189,000	213,000	224,000
Supply fund	64,631	83,906	131,156	(73,999)	(17,000)	(158,378)	92,423	(97,000)	(2,000)	51,000
Veterans Choice Act				1,917,338	4,463,543	6,241,685	4,388,220	4,148,850	2,098,529	(75,873)
Pershing hall revolving fund										
<b>Subtotal, GOE and miscellaneous</b>	<b>2,618,960</b>	<b>2,615,984</b>	<b>2,963,398</b>	<b>4,953,498</b>	<b>7,434,322</b>	<b>9,355,258</b>	<b>7,467,552</b>	<b>7,545,374</b>	<b>5,129,329</b>	<b>3,742,284</b>
<b>Subtotal, adjusted outlays</b>	<b>122,943,229</b>	<b>137,330,821</b>	<b>147,805,591</b>	<b>158,023,933</b>	<b>173,085,219</b>	<b>176,076,616</b>	<b>179,186,153</b>	<b>201,414,376</b>	<b>218,447,673</b>	<b>233,173,237</b>
DEDUCT: Proprietary receipts from the public	(2,887,965)	(2,711,985)	(3,120,455)	(3,429,026)	(3,654,429)	(3,662,118)	(3,319,306)	(3,969,000)	(3,309,179)	(3,146,000)
<b>Subtotal, federal funds</b>	<b>120,055,264</b>	<b>134,618,836</b>	<b>144,685,136</b>	<b>154,594,907</b>	<b>169,430,790</b>	<b>172,414,498</b>	<b>175,866,847</b>	<b>197,445,376</b>	<b>215,138,494</b>	<b>230,027,237</b>



**Budget Outlays**  
**2012 - 2021 Actuals**  
**(\$s in thousands)**

Appropriation/Fund Account	2012 (Net)	2013 (Net)	2014(Net)	2015 (Net)	2016 (Net)	2017 (Net)	2018 (Net)	2019 (Net)	2020 (Net)	2021 (Net)
<b>Trust funds:</b>										
Post-Vietnam era veterans education account	825	598	426	275	214	164	157	106		132,000
General post fund	24,321	19,752	19,507	21,222	21,963	22,302	19,597	20,000	16,000	14,403
National service life insurance	1,070,913	1,025,809	952,271	1,013,495	914,689	852,031	776,175	694,000	625,194	547,925
U.S. Government life insurance	5,012	3,622	2,647	1,995	1,687	1,080	936	1,000	167	-
Veterans special life insurance	27,275	39,029	56,801	71,888	85,053	96,963	116,978	128,000	136,373	158,117
National cemetery gift fund	-	-	-	-	-	-	-	-	-	-
<b>Total trust funds (gross)</b>	<b>1,128,346</b>	<b>1,088,810</b>	<b>1,031,652</b>	<b>1,108,875</b>	<b>1,023,606</b>	<b>972,540</b>	<b>913,843</b>	<b>843,106</b>	<b>777,734</b>	<b>852,445</b>
DEDUCT: Proprietary receipts from the public	(530,144)	(402,855)	(238,969)	(492,005)	(535,632)	(1,965,268)	(2,475,758)	(3,983,149)	(3,794,000)	(4,295,881)
<b>Total trust funds (net)</b>	<b>598,202</b>	<b>685,955</b>	<b>792,683</b>	<b>616,870</b>	<b>487,974</b>	<b>(992,728)</b>	<b>(1,561,915)</b>	<b>(3,140,043)</b>	<b>(3,016,266)</b>	<b>(3,443,436)</b>
DEDUCT: Intragovernmental transactions	(793)	(195)	(162)	(133)	-	(9,000)	(326,716)	(22,000)	-	-
<b>Total Department of Veterans Affairs</b>	<b>124,173,445</b>	<b>138,780,731</b>	<b>149,177,628</b>	<b>159,273,524</b>	<b>173,960,453</b>	<b>175,901,834</b>	<b>178,586,233</b>	<b>199,469,333</b>	<b>218,397,227</b>	<b>233,722,801</b>

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## Total Average Employment 2012-2021

### Total Average Employment 2012 - 2021 Actuals

Appropriation/Fund Account	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021
<b>Medical Programs</b>										
Medical Services	187,313	195,679	205,003	216,337	224,846	229,600	239,148	247,942	256,897	268,152
Medical Support and Compliance	47,021	48,610	50,323	49,479	50,554	50,939	52,443	54,517	55,548	57,204
Medical Facilities	23,321	23,641	23,023	23,644	23,924	24,151	24,522	25,135	25,644	25,803
Veterans Medical Care and Health Fund										40
<b>Subtotal, Medical Care Programs</b>	<b>257,655</b>	<b>267,930</b>	<b>278,349</b>	<b>289,460</b>	<b>299,324</b>	<b>304,690</b>	<b>316,113</b>	<b>327,594</b>	<b>338,089</b>	<b>351,199</b>
Medical and Prosthetic Research	3,496	3,445	3,446	3,521	3,138	3,071	3,085	3,248	3,418	4,135
DoD-VA Health Care Sharing Incentive Fund	151	165	44	57	47	33	23	7	11	29
Joint DoD-VA Medical Facility Demonstration Fund	1,957	2,016	2,082	2,127	2,038	2,096	2,113	2,108	2,178	2,275
Veterans Choice				30	58	159	1	-	-	-
Canteen Service Revolving Fund	3,294	3,307	3,258	3,351	3,410	3,455	3,420	3,285	2,977	2,267
<b>Subtotal, Medical Programs</b>	<b>266,554</b>	<b>276,863</b>	<b>287,179</b>	<b>298,546</b>	<b>308,015</b>	<b>313,504</b>	<b>324,755</b>	<b>336,242</b>	<b>346,673</b>	<b>359,905</b>
Electronic Health Record Modernization	-	-	-	-	-	-	-	24	114	175
Information Technology	7,311	7,362	7,291	7,309	7,387	7,241	7,152	7,469	7,828	8,186
Board of Veterans' Appeals				646	660	840	849	1,077	1,157	1,182
Veterans Benefits Administration	20,325	21,130	20,822	21,522	21,558	22,408	22,961	23,147	24,758	24,639
National Cemetery Administration	1,652	1,690	1,712	1,730	1,814	1,851	1,865	1,947	2,026	2,078
General Administration	2,972	3,117	3,205	2,586	2,559	2,524	2,526	2,524	2,612	2,749
Office of Inspector General	637	633	641	676	706	745	849	908	1,001	1,032
Asset & Infrastructure Review Commission										-
Franchise Fund	1,020	1,089	1,153	1,217	1,397	1,314	1,383	1,473	1,821	1,875
Supply Fund	896	957	1,013	1,048	1,045	1,145	957	1,002	981	1,002
General Post	-	-	-	-	-	8	-	-	-	-
<b>Total Department of Veterans Affairs</b>	<b>301,366</b>	<b>312,841</b>	<b>323,016</b>	<b>335,280</b>	<b>345,141</b>	<b>351,580</b>	<b>363,297</b>	<b>375,813</b>	<b>388,971</b>	<b>402,823</b>

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## Performance Summary

Veterans Benefits Administration								
Measure Name	2018 Result	2019 Result	2020 Result	2021 Result	2021 Target	2022 Target	2023 Target	2024 Target (VHA only)
Average days to complete original education claims	24.45	24.10	15.40	22.40	24.00	TBD	TBD	N/A
Average days to complete supplemental education claims	12.30	13.40	6.90	6.70	12.00	TBD	TBD	N/A
Default resolution rate for VA backed Home Loans	88.0%	87.0%	94.0%	98.0%	80.0%	80.0%	80.0%	N/A
National Accuracy Rate - Percent of disability compensation rating issues processed accurately	N/A	95.0%	95.0%	95.0%	96.0%	96.0%	96.0%	N/A
Percent of Disability Compensation Rating Claims processed within 125 days	75.0%	73.0%	75.0%	66.0%	63.0%	48.0%	52.0%	N/A
Average Days to Complete Initial Appointment Disability Compensation Medical Exam	N/A	68.6	38.2	39.6	76.0	N/A	N/A	N/A
Percent of eligible Veterans contacted within their first year of separation from military service	N/A	N/A	59%	58%	40%	50%	50%	N/A

Veterans Benefits Administration (continued)								
Measure Name	2018 Result	2019 Result	2020 Result	2021 Result	2021 Target	2022 Target	2023 Target	2024 Target (VHA only)
Percent of calls answered by the VBA National Call Center within 2 minutes	N/A	32.0%	74.0%	82.0%	69.0%	75.0%	77.0%	N/A
Percent of calls blocked by the VBA National Call Center	0.0%	0.0%	0.0%	0.0%	0.0%	N/A	N/A	N/A
Percentage of interactions correctly managed by the National Call Center	N/A	92.0%	92.0%	92.0%	91.0%	91.0%	91.0%	N/A
Average days to complete higher-level reviews of AMA Claims	N/A	37	94	87	125	125	125	N/A
National High Level Review Accuracy Rate - Percent of higher level review for disability compensation rating issues processed accurately	N/A	96.0%	97.0%	96.0%	96.0%	94.0%	94.0%	N/A
Education Claim quality	N/A	98.0%	98.0%	98.0%	95.0%	95.0%	96.0%	N/A
Percent of Life Insurance Clients Highly Satisfied with the Program	93.0%	93.0%	93.0%	97.0%	95.0%	N/A	N/A	N/A
National claim based quality for pension claims (Rating)	N/A	93.0%	94.0%	95.0%	93.0%	0.93	0.93	N/A
Percentage of follow-up field exams for Fiduciary Services completed within 175 days	N/A	75.0%	91.0%	99.0%	95.0%	N/A	N/A	N/A

## Veterans Benefits Administration (continued)

Measure Name	2018 Result	2019 Result	2020 Result	2021 Result	2021 Target	2022 Target	2023 Target	2024 Target (VHA only)
Average number of days from VR&E's receipt of Veteran's application to notification that the Veteran was found entitled or not entitled to services	N/A	42.3	36.0	31.5	45.0	45.0	45.0	N/A
Accuracy of requirements in closing a Veteran's case or declaring the Veteran rehabilitated or discontinued in the Veteran Readiness & Employment Program	98.0%	99.0%	98.0%	96.0%	97.0%	93.0%	93.0%	N/A
Veterans or beneficiaries who are satisfied with the value received from their GI Bill	N/A	78.0%	N/A	67.0%	80.0%	TBD	TBD	N/A
Average Days to Complete (ADC) Education Program Approvals	N/A	N/A	N/A	19.9	30.0	30.0	30.0	N/A
Average Days to Complete (ADC) Education Compliance Survey Reports	N/A	N/A	N/A	28	80	80	80	N/A
Customer Satisfaction for VA Portion of the Transition Assistance Program (TAP)	N/A	N/A	96.0%	96.0%	95.0%	95.0%	95.0%	N/A
Percentage of Pension Rating Claims Processed Within 125 Days	N/A	N/A	N/A	89.0%	80.0%	63.0%	70.0%	N/A
VR&E Program Participation Rate	N/A	N/A	33,200	32,928	32,220	N/A	N/A	N/A

Number of VR&E Positive Outcomes	N/A	N/A	13,220	17,874	17,000	TBD	TBD	N/A
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### Veterans Benefits Administration (continued)

Measure Name	2018 Result	2019 Result	2020 Result	2021 Result	2021 Target	2022 Target	2023 Target	2024 Target (VHA only)
Percentage of Integrated Disability Evaluation System (IDES) participants who have a proposed rating completed within 20 days	N/A	52.0%	69.0%	92.0%	63.0%	63.0%	63.0%	N/A
Adherence to the 1:125 Veteran Readiness Counselor (VRC) to Veteran National Ratio Per PL 114	N/A	N/A	1:125	1:120	1:125	1:125	1:125	N/A



Veterans Health Administration								
Measure Name	2018 Result	2019 Result	2020 Result	2021 Result	2021 Target	2022 Target	2023 Target	2024 Target (VHA only)
Percent of HUD-VASH vouchers allocated that resulted in a homeless Veteran obtaining permanent housing	N/A	84.0%	83.0%	83.0%	92.0%	92.0%	92.0%	92.0%
Percent of participants at risk for homelessness (Veterans and their households) served in SSVF that were prevented from becoming homeless	N/A	91.0%	89.0%	88.0%	90.0%	90.0%	90.0%	90.0%
Percentage of Community Care Claims Processed Timely	N/A	52.0%	71.0%	97.0%	90.0%	90.0%	92.0%	93.0%
The percent of patients responding "Usually" or "Always" to getting an appointment for urgent and routine care as soon as needed in the primary and specialty care setting as measured by the Consumer Assessment of Healthcare Providers and Systems (CAHPS) survey.	N/A	81.0%	83.0%	81.0%	83.0%	84.0%	85.0%	86.0%
Percent of Primary Care Patients who respond Always and Usually regarding their ability to get an appointment for needed care right away	77.0%	75.0%	75.0%	75.0%	78.0%	80.0%	81.0%	82.0%
Overall rating of Primary Care Provider	N/A	N/A	74.0%	74.0%	77.0%	78.0%	78.0%	79.0%
Percentage of Eligible Veterans who have received Telehealth Services during the fiscal year (FY).	N/A	15.0%	27.0%	40.0%	25.0%	35.0%	36.0%	36.0%
Overall Rating of Hospital	71.0%	67.0%	70.0%	71.0%	71.0%	73.0%	73.0%	74.0%

## Veterans Health Administration (continued)

Measure Name	2018 Result	2019 Result	2020 Result	2021 Result	2021 Target	2022 Target	2023 Target	2024 Target (VHA only)
Overall Rating of Specialty Care Provider	N/A	72.0%	75.0%	75.0%	72%	77.0%	77.0%	78.0%
Percentage of Veterans receiving telehealth at home or on mobile device	N/A	1.7%	190%	32.0%	17.0%	24.0%	25%	25.0%
Percentage of Veterans flagged as high risk for suicide who have received all recommended interventions and follow up	N/A	81.0%	86.0%	81.0%	83.0%	87.0%	88.0%	89.0%
Overall Satisfaction with Community Care	N/A	N/A	78.0%	80.0%	79.0%	81.0%	82.0%	82.0%
Average improvement in mental health symptoms in the 3-4 months after start of mental health treatment as measured by the mental health component of the Short Form-12 (scale of 1-4)	N/A	2.6	2.3	2	2.3	3	3	3
Percentage of unique Veterans accessing Whole Health services	N/A	1,715	7.0%	7.8%	7.2%	9.0%	10%	10.5%
Percent of long-term service and support obligations and/or expenditures devoted to purchased Personal Care Service for frail elderly and disabled Veterans wishing to remain at home	N/A	0.0%	9.0%	11.0%	9.0%	11.0%	12.0%	13.0%
Percent of homeless program positions, including HUD-VASH case managers, filled in the field	N/A	86.0%	86.0%	89.0%	90.0%	N/A	N/A	N/A
Percentage of caregiver applications dispositioned within 90 days	N/A	90.0%	96.9%	63.0%	90.0%	92.0%	92.0%	92.0%

## Veterans Health Administration (continued)

Measure Name	2018 Result	2019 Result	2020 Result	2021 Result	2021 Target	2022 Target	2023 Target	2024 Target (VHA only)
Percent of women assigned to designated women's health primary care providers	N/A	80.6%	82.0%	85.0%	81.0%	86.0%	87.0%	87.0%
Use of interventions for Veterans at-risk for suicide through the use of predictive modeling and enhanced engagement strategies (REACHVET & STORM)	98.0%	85.0%	96.0%	98.0%	95.0%	98.0%	98.0%	98.0%

National Cemetery Administration								
Measure Name	2018 Result	2019 Result	2020 Result	2021 Result	2021 Target	2022 Target	2023 Target	2024 Target (VHA only)
Percent of graves in National Cemeteries marked within 60 days of interment	97.0%	95.0%	86.0%	92.4%	95.0%	95.0%	95.0%	N/A
Percent of Veterans served by a burial option within a reasonable distance (75 miles) of their residence	94.0%	92.3%	93.0%	94.0%	93.0%	94.0%	94.5%	N/A
Number of interments in National Cemeteries	135,306	134,833	126,844	149,925	135,533	135,770	134,272	N/A
Number of additional members of the Veteran population served	27,711	37,608	71,307	182,273	182,273	36,657	10,767	N/A
Percentage of pre-need applications processed within 120 days	N/A	N/A	92.5%	91.0%	85.0%	85.0%	90.0%	N/A
Appeals Adjudicated by the Board of Veterans' Appeals	85,288	95,089	102,663	99,721	62,426	111,500	130,000	N/A
Appeals Hearings Held by the Board	N/A	22,743	15,669	23,777	26,000	50,000	50,000	N/A
Number of Issues Decided	N/A	305,708	294,161	270,685	181,660	N/A	N/A	N/A
Appeals Decided per FTE	N/A	88	89	84	78	N/A	N/A	N/A
Board's Accuracy Rate: Legacy Appeal	N/A	N/A	91.0%	92.0%	92.0%	92.0%	92.0%%	N/A
Veterans' Overall Confidence/Trust Score with the Board	N/A	N/A	41.0%	41.0%	Baseline	TBD	TBD	N/A

Board of Veterans' Appeals								
Measure Name	2018 Result	2019 Result	2020 Result	2021 Result	2021 Target	2022 Target	2023 Target	2024 Target (VHA only)
BVA Accuracy Rate: AMA Appeals	N/A	N/A	N/A	N/A	N/A	TBD	TBD	N/A
Average Days to Complete – AMA Direct Docket from Notice of Disagreement	N/A	N/A	N/A	300	365	365	365	N/A
BVA Average Days to Complete – AMA Hearing Docket from Notice of Disagreement	N/A	N/A	N/A	N/A	N/A	TBD	TBD	N/A
BVA Average Days to Complete – AMA Evidence Docket from Notice of Disagreement	N/A	N/A	N/A	N/A	N/A	TBD	TBD	N/A

## Office of Information Technology

Measure Name	2018 Result	2019 Result	2020 Result	2021 Result	2021 Target	2022 Target	2023 Target	2024 Target (VHA only)
Intrusion Detection & Prevention	N/A	N/A	99.0%	99.0%	100.0%	N/A	N/A	N/A
Exfiltration & Enhanced Defenses	N/A	N/A	77.0%	77.0%	90.0%	N/A	N/A	N/A
Data Protection	N/A	N/A	90.0%	90.0%	90.0%	N/A	N/A	N/A
Hardware Asset Management	N/A	N/A	95.0%	95.0%	95.0%	N/A	N/A	N/A
Software Asset Management	N/A	N/A	100.0%	100.0%	95%	N/A	N/A	N/A
Authorization Management	N/A	N/A	100.0%	98.0%	100.0%	N/A	N/A	N/A
Mobile Device Management	N/A	N/A	100.0%	100.0%	95.0%	N/A	N/A	N/A
Privileged Network Access Management	N/A	N/A	100.0%	100%	95.0%	N/A	N/A	N/A
High Value Asset Access Management	N/A	N/A	100.0%	100.0%	90.0%	N/A	N/A	N/A
Automated Access Management	N/A	N/A	100.0%	100.0%	95.0%	N/A	N/A	N/A

**Office of Human Resources and Administration/Operations, Security, & Preparedness**

Measure Name	2018 Result	2019 Result	2020 Result	2021 Result	2021 Target	2022 Target	2023 Target	2024 Target (VHA only)
Executive Fill Rate – Medical Center Directors (MCD)	82.9%	87.0%	95.7%	90.0%	90.0%	90.0%	90.0%	N/A
Percent of VA Employees who are Veterans	33.0%	32.2%	31.0%	29.7%	N/A	N/A	N/A	N/A
Employee Engagement Index (EEI)	69.3%	70.0%	72.0%	Interim data not available	65.0%	N/A	N/A	N/A
Executive Fill Rate – Non-Medical Center Directors (Non-MCD)	80.0%	80.8%	74.0%	78.4%	85.0%	85.0%	85.0%	N/A
Engagement level	34.8%	36.0%	37.3%	39.0%	36.0%	36.0%	36.0%	N/A
Time to Hire - Title 5 and Hybrid Title 38	N/A	57.0%	61.0%	56.0%	56.0%	58.0%	60.0%	N/A
Time to Hire – VHA Title 38	N/A	52.0%	64.0%	62.0%	54.0%	58.0%	60.0%	N/A
OSP Percent of VA Police Officers who are Veterans	N/A	N/A	N/A	83.2%	90.0%	90.0%	90.0%	N/A
OSP Number of Veteran-specific site page visits to DisasterAssistance.gov	N/A	N/A	N/A	11,686	6,000	6,000	6,000	N/A

Office of Human Resources and Administration/Operations, Security, & Preparedness (continued)

Measure Name	2018 Result	2019 Result	2020 Result	2021 Result	2021 Target	2022 Target	2023 Target	2024 Target (VHA only)
OSP Number of violent crimes committed on VA property (i.e., Active Shooter, Aggravated Assault, Homicide, Robbery and Sexual Assault). OCOP	N/A	N/A	0%	6,538	360	N/A	N/A	N/A
Retention of VA Workforce	68.1%	68.0%	69.7%	67.9%	70.0%	70.0%	71.0%	N/A
Percent of background investigations adjudicated within 90 days of receipt (enterprise wide).	N/A	N/A	N/A	80.7%	75.0%	80.0%	85.0%	N/A
Best Places to Work Index Score	N/A	65.0%	70.2%	63.0%	63.0%	63.0%	65.0%	N/A



## Office of Acquisition, Logistics, & Construction

Measure Name	2018 Result	2019 Result	2020 Result	2021 Result	2021 Target	2022 Target	2023 Target	2024 Target (VHA only)
Procurement Action Lead Time (PALT) (in days)	N/A	N/A	N/A	298	120	300	290	N/A
Acquisition Customer Satisfaction - Pre-solicitation function	N/A	N/A	N/A	5	4	N/A	N/A	N/A
Acquisition Customer Satisfaction - Pre-Award Activity	N/A	N/A	N/A	4	4	5	5	N/A
Acquisition Customer Satisfaction – Contract Administration	N/A	N/A	N/A	5	5	5	5	N/A
VA Achievement of Federal Category Management Targets	N/A	N/A	N/A	120.5%	80.0%	\$23.00B or 100% of spend	\$24.00B or 100% of spend	N/A
Percent of major construction projects accepted by VA in the quarter estimated for completion	N/A	60.0%	93.0%	75.0%	85.0%	85.0%	90.0%	N/A
Percent of major leasing projects accepted by VA in the quarter estimated for completion.	N/A	100.0%	69.0%	125.0%	75.0%	75.0%	75.0%	N/A
Percentage of Facilities customers who are satisfied with services being provided	N/A	79.0%	76.0%	76.0%	75.0%	N/A	N/A	N/A

## Office of Accountability and Whistleblower Protection

Measure Name	2018 Result	2019 Result	2020 Result	2021 Result	2021 Target	2022 Target	2023 Target	2024 Target (VHA only)
Average time for OAWP investigation cases (in days)	N/A	N/A	200	148	120	120	120	N/A

## Office of Congressional and Legislative Affairs

Measure Name	2018 Result	2019 Result	2020 Result	2021 Result	2021 Target	2022 Target	2023 Target	2024 Target (VHA only)
Responding to Questions for the Record (QFR) sets: Percent of QFR sets submitted on time (within 48 hours of due date)	N/A	100.0%	100.0%	100.0%	85.0%	85.0%	85.0%	N/A
Correspondence/Concurrence Actions: Percent of folder actions completed on time (within 48 hours of due date)	N/A	93.0%	92.0%	91.0%	90.0%	90.0%	90.0%	N/A
On Time Delivery of Hearing Testimony	N/A	N/A	N/A	83.0%	90.0%	90.0%	90.0%	N/A

## Office of Employment Discrimination Complaint Adjudication

Measure Name	2018 Result	2019 Result	2020 Result	2021 Result	2021 Target	2022 Target	2023 Target	2024 Target (VHA only)
Employment Discrimination Cases Pending a Final Action (in days)	N/A	826	737	365	600	600	600	N/A
Employment Discrimination Decision Accuracy Rate	N/A	N/A	1.0%	0.0%	10.0%	10.0%	10.0%	N/A
Average Processing Time of All Employment Discrimination Final Actions	N/A	N/A	N/A	199	160	160	160	N/A
Employment Discrimination Cases Closed per Quarter	N/A	162	178	277	150	450	450	N/A

## Office of General Counsel

Measure Name	2018 Result	2019 Result	2020 Result	2021 Result	2021 Target	2022 Target	2023 Target	2024 Target (VHA only)
Assess adequate legal support for Agency: Average number of case hours per attorney produced each quarter.	N/A	N/A	332	330	325	325	325	N/A
Assess adequate legal support for Agency: Average number of case hours per paralegal produced each quarter.	N/A	N/A	259	254	225	250	250	N/A
Assess adequate legal support for Agency: Average dollar cost per case hour.	N/A	N/A	165	161	250	250	250	N/A

Office of Inspector General								
Measure Name	2018 Result	2019 Result	2020 Result	2021 Result	2021 Target	2022 Target	2023 Target	2024 Target (VHA only)
Monetary benefits (\$ in millions) from audits, investigations, contract reviews, inspections, and other evaluations	N/A	\$3,855	\$4,007	\$4,006	\$4,010	\$2,054	\$2,508	N/A
Percentage of full cases that result in criminal, civil, or administrative actions	74.0%	65.0%	64.0%	64.0%	7.0%	30.0%	30.0%	N/A
Percentage of reports (audits, inspections, investigations, and other reviews) issued that identified opportunities for improvement and provide recommendations for corrective action	N/A	N/A	90.0%	90.0%	70.0%	90.0%	90.0%	N/A
Number of arrests, indictments, convictions, criminal complaints, pretrial diversions, and administrative sanctions	N/A	N/A	2,224	2,224	2,100	1,165	1,165	N/A
Return on investment (monetary benefits divided by cost of operations in dollars)	N/A	\$37	\$23	\$23	\$22	\$22	\$22	N/A
Percentage of recommendations implemented within one year to improve efficiencies in operations through legislative, regulatory, policy, practice, and procedural changes in VA	N/A	83.0%	73.0%	73.0%	85.0%	43.0%	43.0%	N/A
Percentage of recommended recoveries achieved from post award contract reviews	N/A	N/A	100.0%	100.0%	98.0%	49.0%	49.0%	N/A

Office of Veterans Experience								
Measure Name	2018 Result	2019 Result	2020 Result	2021 Result	2021 Target	2022 Target	2023 Target	2024 Target (VHA only)
Overall Trust in VA among Veterans, their families, caregivers and survivors	N/A	72.0%	79.0%	78.9%	90.0%	3.0% increase	3.0% increase	N/A
Ease to receive VA care or services needed by Veterans, their families, caregivers and survivors.	N/A	71.0%	76.0%	72.0%	90.0%	3.0% increase	3.0% increase	N/A
Effectiveness of the VA care or service needed by Veterans, their families, caregivers and survivors.	N/A	73.0%	75.0%	75.0%	90.0%	3.0% increase	3.0% increase	N/A
Emotional Resonance - Veterans, their families, caregivers and survivors felt like valued customers when receiving needed care or services from VA.	N/A	76.0%	71.0%	77.0%	90.0%	3.0% increase	3.0% increase	N/A

Office of Small and Disadvantaged Business Utilization								
Measure Name	2018 Result	2019 Result	2020 Result	2021 Result	2021 Target	2022 Target	2023 Target	2024 Target (VHA only)
Percentage of total procurement awarded to Veteran-Owned Small Businesses	N/A	25.7%	22.7%	25.1%	24.3%	17.0%	17.0%	N/A
Customer Satisfaction with Outreach Events (scale of 1-5)	N/A	N/A	4	5	5	N/A	N/A	N/A
New Contract Awards Using SDVOSB or VOSB Set-Aside	N/A	N/A	15.3%	17.2%	10.0%	10.0%	10.0%	N/A

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## *Selected Facilities by Type*

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### *Selected VA Facilities by Type*

(As of September 30, 2021)

<b>Type of Facility</b>	<b>Number</b>
Residential Rehabilitation Treatment Programs	117
Health Administration Management Center	1
Insurance Center	1
National Cemetery Districts	5
Extended Care (Community Living Centers)	134
Regional Loan Centers	8
Records Management Center	1
Regional Offices	56
Regional Pension Management Centers	3
Regional Education Processing Offices	2
Fiduciary Hubs	6
VA Hospitals	145
VA National Cemeteries	155
VA Other Cemeterial Installations (Soldiers' lots and Monument sites)	34
VA Outpatient Clinics	727
Vet Centers	300
Mobile Vet Centers	83
Veterans Benefits Administration District Offices	4
Veterans Integrated Service Networks (VISNS)	18

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**Department of Veterans Affairs**  
**Office of the Assistant Secretary for Management**  
**[www.va.gov/budget](http://www.va.gov/budget)**