



U.S. Department
of Veterans Affairs

Fact Sheet

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Veterans Access, Choice, and Accountability Act 2014 One Year Anniversary Highlights

The Department of Veterans Affairs (VA) has made significant progress in its implementation of the [Veterans Access, Choice, and Accountability Act of 2014](#) (VACAA), which was signed into law by President Obama on August 7, 2014. VA has since leveraged this law to further efforts to enhance its health care system and improve service delivery to better serve Veterans. The legislation called for the establishment of one entirely new benefit program, implementation of 21 program modifications or expansions, the completion of three required assessments, and creation of 12 supporting reports.

Though VA has worked to continuously improve since the enactment of VACAA, more work remains to expand timely access to high-quality health care for Veterans. The following provides some highlights of VACAA accomplishments to date:

Implementation of the Veterans Choice Program:

VA entered into agreements with two companies to implement the Veterans Choice Program, and sent out over 8.7 million Choice Cards to Veterans who are potentially eligible for the new health benefit. As of July 31, 2015, the contractors have created nearly 190,000 authorizations for health care through the Choice program since it went into effect on November 5, 2014. The Department continues to provide information and training about the Veterans Choice Program to staff at VA medical facilities across the country.

Continued Posting of Publically Available Data

VA continues to post to post wait time data that reflects VA's ability to schedule an appointment within 30 days of the date a Veteran wishes to be seen or the date determined medically necessary by their physician. The latest update further increases transparency by expanding nationwide patient access data releases to include updates at the Community-Based Outpatient Clinics level.

Extension of Pilot Programs:

- VA extended the Project Access Received Closer to Home (Project ARCH) pilot program contracts to continue to provide expanded access to health care for eligible Veterans in rural areas.
- VA extended the Assisted Living Pilot Program for Veterans with Traumatic Brain Injury (AL-TBI). This pilot places Veterans meeting the eligibility criteria into private sector TBI residential care facilities specializing in neurobehavioral rehabilitation.

Increase in Graduate Medical Education (GME) Residency Positions:

The Interim Undersecretary for Health approved the allocation of over 200 residency positions that met the requirements to be funded under VACAA. As of July 1, 2015, approximately 163 of the allocated positions are filled.

The Office of Academic Affiliations will continue to work over the next four years to add up to a total of 1,500 new GME residency positions and to enable new sites and new affiliates to participate in these exciting expansion opportunities.

Expansion of Eligibility for MST-related Treatment:

VA completed the expansion of eligibility for Veterans to receive healthcare related to experiences of sexual assault or sexual harassment during military service, known as military sexual trauma (MST). Veterans are now able to receive care related to incidents of MST that occurred during a period of inactive duty training, which primarily pertains to Reservists and National Guard members participating in weekend drill trainings.

Expanded Fry Scholarship Eligibility:

VA expanded the eligibility criteria for the Marine Gunnery Sergeant John David Fry Scholarship to include the surviving spouses of Servicemembers who died in the line of duty after September 10, 2001. As of July 31, 2015, 756 spouses have applied and been found eligible.

GI Bill Resident Rate Requirements

The Choice Act includes a provision that reduces the number of GI Bill students who have to shoulder the cost of non-resident tuition charges while receiving education benefits under the Post-9/11 GI Bill and the Montgomery GI Bill – Active Duty programs. In order for public institutions of higher learning to maintain their GI Bill approval status, in-state resident tuition rates must be offered to certain more recently separated Veterans and their dependents, even if they are not permanent residents of that state.

All states and territories have expressed their intent to meet the resident-rate requirements of the Choice Act, and most are already compliant. As of July 31, 2015, 43 states and 3 territories are fully compliant.

Secretary McDonald exercised his authority under the Choice Act to waive the requirement for the states and territories to become compliant with the Choice Act by July 2, 2015, allowing until the end of calendar year 2015 to comply with the law. The Secretary's waiver ensures there is no disruption in the delivery of Veterans' education benefits while the remaining states and territories work to achieve compliance.

Clinic Practice Management and Training

Implementation of a national set of standards for delivery of healthcare services needed for Veterans is underway. Face to face and team based training that aligns to the Clinic Practice Management model has begun and is scheduled to continue into Fiscal Years 16 and 17. Core topics for training include standardized scheduling, patient flow, and technology use to

accommodate patient needs. Veteran feedback regarding his/her experience with a facility is a high priority across the country.

Completion of Independent Assessments

VA entered into a contract with the Centers for Medicare and Medicaid Services' Alliance to Modernize Healthcare (CAMH) to conduct a comprehensive independent assessment of the hospital care, medical services, and other health care processes across VA medical facilities. CAMH and partners have interviewed hundreds of VA and VHA staff and visited 87 medical facilities across 30 states, Washington D.C., and Puerto Rico. VA has provided access to its data, systems, and records by sharing approximately 20,000 data sets, reports, and other critical documentation to assist with CAMH's comprehensive analysis. CAMH has completed the assessment phase and will deliver the final report of findings and recommendations to VA, Congress, and the Commission on Care on September 1, 2015. VA will publish the report to the public on October 1, 2015 as per the legislatively directed timeline.

Increased Availability of Credential Information

VA has developed a credentialing report within the VetPro Credentialing System which will increase the availability of VA surgical providers' credential information to Veterans who are considering undergoing surgery in a VA medical center. This report will be distributed to the Veteran or Veteran Representative prior to any surgical procedure