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Office of Audits and Evaluations

VETERANS HEALTH ADMINISTRATION

Audit of Caregiver Support Program Appeals Processes

Audit

25-01406-224

October 28, 2026



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Executive Summary

The Veterans Health Administration's (VHA) Caregiver Support Program oversees the Program of Comprehensive Assistance for Family Caregivers (PCAFC). PCAFC offers benefits such as a monthly VA stipend and healthcare coverage to primary family caregivers of eligible veterans who have incurred or aggravated a serious injury or illness during active military duty and need in-person personal care for at least six continuous months.¹ Veterans and caregivers must meet an established set of requirements to be eligible for the program (detailed in appendix A).²

During the review period, if they disagreed with a program decision related to enrollment or benefits, veterans and caregivers could appeal the decision through a higher-level review or a supplemental claim (referred to collectively in this report as decision reviews) or an appeal to the Board of Veterans' Appeals.³ These three options are provided by the Veterans Appeals Improvement and Modernization Act of 2017 (also known as the Appeals Modernization Act or AMA).⁴ Additionally, they can submit a clinical appeal, which according to VHA Directive 1041(2) is a request for higher review of one or more medical determinations.⁵

The VA Office of Inspector General (OIG) conducted this audit to assess how the Caregiver Support Program processes and tracks PCAFC AMA decision reviews to ensure compliance with statutory requirements and applicable VHA policy. To provide a complete picture of all the available appeal options, the OIG team also reviewed the timeliness and outcomes of clinical appeals. The OIG found that PCAFC AMA decision reviews took an average of more than 400 days to complete and these wait times were not publicly reported, limiting the information veterans and caregivers need to make appeals decisions and possibly delaying benefits.

In October 2025, as well as January and March 2026, the audit team briefed the Caregiver Support Program's executive director and the director of review and appeals on preliminary results and recommendations. The OIG made three recommendations to improve PCAFC AMA decision review timeliness and transparency. VHA concurred with all recommendations and provided acceptable action plans.

¹ "Program of Comprehensive Assistance for Family Caregivers (PCAFC)" (web page), VA Caregiver Support Program, accessed May 4, 2026, https://www.caregiver.va.gov/CAREGIVER/support/support_benefits.asp. For details regarding eligibility, see appendix A.

² Caregiver Support Program, "Veterans Affairs Program of Comprehensive Assistance for Family Caregivers Eligibility Criteria Fact Sheet," October 2022.

³ Higher-level reviews and supplemental claims are available only for PCAFC decisions provided by VA on or after February 19, 2019.

⁴ Veterans Appeals Improvement and Modernization Act of 2017 (Appeals Modernization Act (AMA)), Pub. L. No. 115-55, 131 Stat. 1105.

⁵ VHA Directive 1041(2), Appeal of Veterans Health Administration Clinical Decisions, amended March 3, 2025, app. G.

What the Audit Found

The OIG found that despite VHA Notice 2025-09 reiterating VHA employees' duty to decide claims for benefits quickly and accurately, the average completion time for PCAFC AMA decision reviews was about 416 days from February 11, 2022 (the date the program began issuing AMA decision reviews), through March 31, 2025.⁶ Clinical appeals took, on average, 36 days to complete from October 15, 2020, through March 31, 2025. The date ranges for these two data points are different because clinical appeals have been offered longer than AMA decision reviews. The OIG also found similar outcomes for both types of appeals through the end of calendar year 2025 (April 1 through December 31, 2025).

PCAFC AMA decision review completion times were lengthy partly because the Caregiver Support Program has not established timeliness goals, like those that apply to clinical appeals, for AMA appeal options. On review of the Centralized Mail Portal—the system used to receive digital and paper AMA-related claims mail—the audit team observed a backlog of 703 AMA decision reviews awaiting action in July 2026. Some had been submitted as far back as October 2025. During the course of this audit, the team discussed its preliminary finding related to the backlog with the program office often, most recently in March 2026. While this backlog has decreased, because it remains and new claims are regularly submitted, the Caregiver Support Program continues to face challenges with minimizing decision review wait times.

In addition, the OIG found information provided to veterans, caregivers, and program staff does not clearly communicate that a supplemental claim must be filed within one year from the date of the decision notification letter to maintain eligibility for the earliest effective date for any granted benefit. As a result, veterans and caregivers could be missing out on earlier effective dates, resulting in fewer benefits being received.

If the timeliness and transparency concerns raised by this report are not addressed, veterans and their caregivers may continue to make uninformed decisions about appeals, which could result in limited or delayed benefits.

⁶ VHA Notice 2025-09, "Appeals Modernization Act in the Veterans Health Administration," section 3.d, September 19, 2025.

Next Steps

The OIG will monitor VHA's implementation of corrective actions and will close the recommendations when VHA provides sufficient evidence that demonstrates progress in meeting the intent of the recommendations and addressing the risks identified in this report.



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Contents

Executive Summary.....	i
Abbreviations.....	v
Introduction.....	1
Results and Recommendations.....	6
Finding: PCAFC AMA Decision Review Wait Times Were Lengthy and Not Communicated to Veterans.....	6
Recommendations 1–3	17
Appendix A: Program Eligibility Requirements.....	19
Appendix B: Details of Clinical Appeals and Decision Review Processes.....	20
Appendix C: Scope and Methodology	22
Appendix D: VA Management Comments, Acting Under Secretary for Health.....	26
Appendix E: VA Management Comments, Principal Deputy Under Secretary for Benefits	29
OIG Contact and Staff Acknowledgments.....	30
Report Distribution.....	31

Abbreviations

AMA	Appeals Modernization Act
CARMA	Caregiver Records Management Application
FY	fiscal year
OIG	Office of Inspector General
PCAFC	Program of Comprehensive Assistance for Family Caregivers
VBA	Veterans Benefits Administration
VHA	Veterans Health Administration
VISN	Veterans Integrated Service Network



Introduction

The Veterans Health Administration's (VHA) Caregiver Support Program provides education, resources, support, and services to caregivers of eligible veterans enrolled in VA health care through two programs, one of which is the Program of Comprehensive Assistance for Family Caregivers (PCAFC).⁷ This assistance program offers enhanced clinical support for family caregivers of eligible veterans who have incurred or aggravated a serious injury or illness in the line of active military duty and require in-person personal care for a minimum of six continuous months.⁸ Veterans and their caregivers must apply for the program together and are enrolled if they meet an established set of specific requirements (detailed in appendix A).⁹ Once enrolled, the veteran's primary family caregiver receives a monthly VA stipend and can also receive other benefits, including

- healthcare coverage,
- certain travel benefits when traveling with their veteran to receive care,
- at least 30 days per year of respite—short-term relief for someone else to care for the veteran, and
- access to military commissaries, exchanges, and recreation retail facilities.¹⁰

During the review period, if a veteran or caregiver disagreed with program decisions regarding enrollment or benefits, such as the stipend amount, they could appeal the decisions through options provided by the Veterans Appeals Improvement and Modernization Act of 2017 (also known as the Appeals Modernization Act or AMA) or through clinical appeals.¹¹ VHA Notice 2025-09 specifies that benefits decisions—an official determination of one's entitlement to a benefit—are appealable through an AMA higher-level review or supplemental claim (collectively referred to in this report as decision reviews) or through an appeal to the Board of Veterans' Appeals.¹² VHA Directive 1041(2) specifies that a medical determination—a decision

⁷ "VA Caregiver Support Program" (web page), VA, accessed May 28, 2026, <https://www.caregiver.va.gov/>.

⁸ "Program of Comprehensive Assistance for Family Caregivers (PCAFC)" (web page), VA Caregiver Support Program, accessed May 4, 2026, https://www.caregiver.va.gov/CAREGIVER/support/support_benefits.asp. For details regarding eligibility, see appendix A.

⁹ Caregiver Support Program, "Veterans Affairs Program of Comprehensive Assistance for Family Caregivers Eligibility Criteria Fact Sheet," October 2022.

¹⁰ "The Program of Comprehensive Assistance for Family Caregivers" (web page), VA, accessed May 19, 2026, <https://www.va.gov/family-and-caregiver-benefits/health-and-disability/comprehensive-assistance-for-family-caregivers/>.

¹¹ Veterans Appeals Improvement and Modernization Act of 2017 (Appeals Modernization Act (AMA)), Pub. L. No. 115-55, 131 Stat. 1105.

¹² VHA Notice 2025-09, "Appeals Modernization Act in the Veterans Health Administration," section 4, September 19, 2025.

made by a healthcare professional based on their medical judgment that care is needed to promote, preserve, or restore the health of an individual—can be contested through a clinical appeal.¹³ However, VA Form 10-305, *Your Rights to Seek Further Review of Program of Comprehensive Assistance for Family Caregivers (PCAFC) Decisions*, does not distinguish between the types of PCAFC decisions that a veteran or caregiver can appeal using AMA options or VHA’s clinical review process.¹⁴ According to a Caregiver Support Program staff member and the director of review and appeals, the program lets the veteran and caregiver choose which appeal option to pursue regardless of the type of decision.

The VA Office of Inspector General (OIG) conducted this audit to assess how the Caregiver Support Program processes and tracks PCAFC AMA decision reviews in relation to AMA requirements and applicable VHA policy. To provide a complete picture of all the available appeal options, the OIG team also reviewed the timeliness and outcomes of clinical appeals in relation to VHA Directive 1041(2).

Appeal Options

In April 2021, the Veterans Appeals Court ruled in *Beaudette v. McDonough* that caregiver program benefits decisions are appealable to the Board of Veterans’ Appeals.¹⁵ Until this court decision, clinical appeals were the only appeal option available to those who wanted to contest a PCAFC decision. However, because of this ruling, VA began offering all three AMA options to veterans or caregivers dissatisfied with program decisions, in addition to clinical appeals. Two of these AMA options—higher-level reviews and supplemental claims—are available only for decisions made by VA on or after February 19, 2019. Veterans and their caregivers can pursue only one AMA option at a time. According to the Caregiver Support Program director of review and appeals, after the ruling, the program had from April 19, 2021, through September 2021 to implement a process for accepting PCAFC AMA decision reviews.

During the period of review, in practice those who are dissatisfied with a program decision can choose from the options described below:

- If a veteran or caregiver believes an error has been made and they do *not* have new evidence to submit, they can ask for a **higher-level review**. This decision review option provided under the AMA is a reevaluation of a benefit decision by a Caregiver Support Program reviewer who reexamines the evidence considered in the previous decision. A higher-level review must be requested within one year of the date that the Caregiver Support Program provided notice of the program decision.

¹³ VHA Directive 1041(2), *Appeal of Veterans Health Administration Clinical Decisions*, amended March 3, 2025, app. G.

¹⁴ VA Form 10-305, “Your Rights to Seek Further Review of Program of Comprehensive Assistance for Family Caregivers (PCAFC) Decisions,” February 2025, revised May 2026.

¹⁵ *Beaudette v. McDonough*, 34 Vet. App. 95 (2021).

- If a veteran or caregiver *does* have new or relevant evidence that was not considered before, they can submit a **supplemental claim**. This decision review option provided under the AMA is a request for a Caregiver Support Program reviewer to use this new evidence to reassess a benefit previously denied by VA. In order to preserve the earliest possible effective date for potential benefits, a supplemental claim must be filed within a year after the date of the program decision; a supplemental claim filed after that will have the date the supplemental claim was filed as its effective date—meaning any back pay the veteran may receive will be tied to the later date.¹⁶
- If a veteran or caregiver would like the Board of Veterans' Appeals to review a Caregiver Support Program decision, or the outcome of a decision review, they can ask for a **board appeal**, which is another option under the AMA. Board appeals are VA's final determination on an issue. Because these appeals are not decided by the Caregiver Support Program, they were not included in this audit.
- If a veteran or caregiver does not agree with a program decision and does not want to pursue an AMA appeal option, they can submit a **clinical appeal**, which according to VHA Directive 1041(2) is a request for higher review of one or more medical determinations. This is a written request for a centralized eligibility and appeal team other than the one who made the original decision to review one or more medical determinations. After the initial clinical appeal (referred to as level 1) is decided, if the veteran or caregiver is not satisfied with the result, they may submit a second appeal (level 2) for a final review by a different centralized eligibility and appeal team than the one who made the initial eligibility determination and the first-level appeal. During either review, the team may determine that additional information and assessments are necessary to make a recommendation regarding the appeal. VHA Directive 1041(2) does not specify a time frame within which a veteran or caregiver must file a clinical appeal. The Caregiver Support Program allows clinical appeals to be pursued simultaneously with an AMA higher-level review or supplemental claim.

Some appeal options have time frames within which they must be decided. Figure 1 provides these time frames.

¹⁶ 38 U.S.C. § 5110.



Figure 1. Time frames for completion of clinical appeals and PCAFC AMA decision reviews.

Note: For level 2 clinical appeals that require an external review, the appeal must be completed no more than 60 days after the date VHA receives it.

Source: OIG analysis of VA information.

Caregiver Support Program Roles and Responsibilities for AMA Options

The Caregiver Support Program, which oversees the PCAFC, is led by an executive director. The program also has a director of review and appeals who oversees both the higher-level review team and supplemental review team.

Once a higher-level review or supplemental claim is submitted, a health systems specialist transfers information from the Centralized Mail Portal—the system used to receive digital and paper AMA-related claims mail—to the Caregiver Records Management Application (CARMA). CARMA is a workflow management tool that establishes and maintains records of current and previous program applicants, as well as participants in the program. According to Caregiver Support Program staff, CARMA is used as the primary method to track and manage PCAFC AMA decision reviews and also allows for the tracking and review of clinical appeals.

The specialist reviews the submission and assigns a reviewer, who determines the outcome of the decision review. The health system specialist then records the decision in CARMA, and the veteran or caregiver is notified of the outcome. This process is described in more detail in appendix B.

While the AMA requires VA to publicly report certain Veterans Benefits Administration (VBA) decision review processing and tracking metrics, VHA's Claims and Appeals Modernization Office is awaiting an opinion from VA's Office of General Counsel about the extent to which these reporting requirements apply to VHA. Specifically, section 5 requires VA to periodically

publish metrics relating to VBA’s appeals processing. These metrics include the average time it takes to process higher-level reviews and supplemental claims by regional office.¹⁷

The Claims and Appeals Modernization Office is responsible for working with affected VHA program offices to draft policy and procedures that establish appropriate oversight and tracking to ensure PCAFC AMA decision reviews are processed efficiently and accurately.¹⁸ However, each program office—including the Caregiver Support Program—manages its own internal decision review processes, oversight, accountability, and data.¹⁹

Roles and Responsibilities for Clinical Appeals

For level 1 clinical appeals, a VA medical facility patient advocate helps the veteran or caregiver submit the appeal. The centralized eligibility and appeal team within the appropriate Veterans Integrated Service Network (VISN) reviews the appeal and recommends granting or denying it.²⁰ Then the VISN chief medical officer decides the appeal, and the VISN informs the veteran or caregiver of the decision. The level 2 process is largely the same, except that the VISN patient advocate coordinator receives the appeal, and a different centralized eligibility and appeal team reviews the appeal and recommends granting or denying it.²¹ In addition to the 45-day time frame for completion noted in figure 1, the VISN must provide updates to the veteran or caregiver if their appeal takes longer than 45 days. More details on the clinical appeals process are provided in appendix B.

¹⁷ AMA § 5.

¹⁸ VHA Notice 2025-09, “Appeals Modernization Act in the Veterans Health Administration,” section 8, September 19, 2025.

¹⁹ VA, *Congressionally Mandated Report Periodic Progress Report on Appeals*, Pub. L. No. 115-55 § 3, November 2025.

²⁰ In December 2025, VA announced plans to reorganize the management structure of the Veterans Health Administration. On May 1, 2026, the under secretary for health announced the consolidation of the VISNs from 18 networks to five. On July 15, 2026, the acting under secretary for health announced that the new VISNs had assumed initial operational responsibilities. VISN references in this report reflect the organizational structure in place at the time of the OIG’s audit. For more information on this initiative, visit <https://digital.va.gov/rise/>.

²¹ VHA Directive 1041(2).

Results and Recommendations

Finding: PCAFC AMA Decision Review Wait Times Were Lengthy and Not Communicated to Veterans

The OIG found that PCAFC AMA decision reviews completed from February 11, 2022 (the date the program began issuing AMA decision reviews), through March 31, 2025, took an average of more than 400 days, and this information was not publicly reported to help veterans make informed appeals decisions. Clinical appeals took just under 40 days on average for decisions from October 15, 2020, through March 31, 2025. The date ranges for these two data points are different because clinical appeals have been offered longer than AMA decision reviews. The OIG also found similar outcomes for both types of appeals through the end of calendar year 2025 (for decisions completed from April 1 through December 31, 2025).

PCAFC AMA decision reviews have taken longer to complete in part because timeliness goals like those that apply to clinical appeals have not been established for AMA appeal options. Furthermore, a backlog of AMA decision reviews has decreased but still remains. The remaining backlog, coupled with the fact that new claims arrive each day, means that the program office still needs to work to decrease wait times for veterans and caregivers who have filed AMA decision reviews.

Beyond the length of time PCAFC AMA decision reviews take, VHA has not publicly reported these time frames. This means veterans and caregivers lack important information that could help them decide which appeal option to pursue when they disagree with a Caregiver Support Program decision. Additionally, information provided to veterans, caregivers, and program staff does not clearly communicate that a supplemental claim must be filed within one year from the date of the decision notification letter to maintain eligibility for the earliest effective date for any granted benefit. Until these timeliness and transparency concerns are addressed, veterans and caregivers could continue to experience limited or delayed PCAFC benefits.

What the OIG Did

The audit team examined how long it took VHA to complete PCAFC AMA decision reviews and clinical appeals. To capture the full effect on veterans since the *Beaudette* court ruling, the audit team analyzed data on completed AMA decision reviews and clinical appeals. Specifically, the team examined AMA decision review data (from February 11, 2022, through March 31, 2025) and clinical appeal data (from October 15, 2020, through March 31, 2025). The team used data from CARMA to determine how long it took to complete AMA decision reviews and clinical appeals, measuring the time from receipt of the claim or appeal to the decision date. Some submissions may be missing required information (such as signatures or medical documentation), which can delay processing. However, the data did not identify when that occurred or when the submission was completed or corrected to allow the team to assess how

much additional processing time was added. To determine whether similar outcomes occurred beyond this initial analysis, the team also analyzed CARMA data on decision reviews and clinical appeals completed from April 1 through December 31, 2025.

The team also reviewed the AMA and VHA policies related to decision reviews and clinical appeals and interviewed VHA staff, including Caregiver Support Program officials involved in processing and adjudicating clinical appeals and decision reviews. See appendix C for additional scope and methodology details.

Throughout the audit, the team provided Caregiver Support Program officials with preliminary information. In October 2025, as well as January and March 2026, the audit team briefed the program's executive director and the director of review and appeals on preliminary results and recommendations.

Review of PCAFC AMA Decision Reviews

According to VHA Notice 2025-09, VHA employees have a duty to decide claims for benefits quickly and accurately.²² The OIG found, however, that PCAFC AMA decision reviews completed from February 11, 2022, through March 31, 2025, took about 416 days on average. About 3 percent of higher-level reviews were granted, and about 4 percent of supplemental claims were granted during this time.

Figure 2 on the next page shows the number and type of PCAFC AMA decision reviews completed or in progress, including how long, on average, it took to process and complete them.

²² VHA Notice 2025-09, section 3.d.

Caregiver Support Program records	Completed	Average number days to process*	Range of days to complete‡	In progress	Total
AMA decision reviews	3,714	416.3	0 - 1,176	3,677	7,391
Supplemental claim	2,576	404.2	2 - 1,157	2,220	4,796
Higher-level review	1,138	443.7	0 - 1,176	1,457	2,595

Figure 2. Caregiver Support Program decision reviews with their average processing time.

Note: PCAFC AMA decision reviews that were completed and included in the team's analysis had decisions issued by VA from February 11, 2022, through March 31, 2025. In-progress reviews that are included in this analysis were yet to be decided as of April 1, 2025.

Source: OIG-reviewed data retrieved from CARMA on April 1, 2025.

** The team used the appeal decision date as the OIG end date for average days to process calculations for completed decision reviews. This method did not account for delays caused by incomplete submissions.*

‡ In the team's calculation of the number of days it took VA to complete a decision review, the number zero represents when VA completed the decision review the same day the claim was filed.

CARMA data show that higher-level reviews took longer to complete than supplemental claims—about 444 days compared to about 404, respectively, even though 2,595 higher-level reviews were submitted compared to 4,796 supplemental claims. The Caregiver Support Program's director of review and appeals suspected that the higher-level reviews could be taking longer to process than supplemental claims for several reasons, including that it was time-consuming to schedule informal conferences with veterans and caregivers, or their representatives, when requested. Informal conferences are unique to higher-level reviews and are optional meetings that allow veterans or caregivers to discuss their claim with a reviewer. The higher-level review request form allows veterans and caregivers to identify whether they would like an informal conference.

Regarding supplemental claims timeliness, the Caregiver Support Program's director of review and appeals said obtaining documentation for the new evidence considered in these appeals, in many instances, can take about 300 days. That said, in December 2025, the Caregiver Support Program executive director said the program had implemented a new process to reduce the time it takes to process a supplemental claim. As part of this new approach, before a supplemental claim is assigned to a decision reviewer, health system specialists review the claim to make sure that the veteran or caregiver included new and relevant information. If that information is missing, the health system specialist sends a clarification letter to prompt the veteran or caregiver to send the required records or sign a release of information allowing VA to access the records. Once the veteran or caregiver has responded, the specialist assigns the claim to a decision reviewer.

Furthermore, as of January 2026, the request for information from veterans was changed from two attempts to one, during which veterans have 60 days to respond. Program officials reported that they expect this additional change to decrease the overall amount of time staff need to spend tracking down documentation. However, because this change was made near the end of the audit, the OIG team could not assess the extent to which it affected overall timeliness for Caregiver Support Program decision reviews.

Review of PCAFC Clinical Appeals

Clinical appeals took, on average, about 36 days for a decision from October 15, 2020, through March 31, 2025. About 12 percent of level 1 appeals and about 10 percent of level 2 appeals were granted during this time. Figure 3 shows the number and type of clinical appeals completed or in progress, including how long on average, it took to process and complete them.

Caregiver Support Program records	Completed	Average number days to process*	Range of days to complete†	In progress	Total
Clinical appeals	16,997	35.9	0 - 450	353	17,350
Level 1	14,462	35.8	0 - 450	301	14,763
Level 2	2,535	36.1	0 - 369	52	2,587

Figure 3. Caregiver Support Program clinical appeals with their average processing time.

Note: Clinical appeals that were completed and included in the team's analysis had decisions issued by VA from October 15, 2020, through March 31, 2025. In-progress appeals that are included in this analysis were yet to be decided as of April 1, 2025.

Source: OIG-reviewed data retrieved from CARMA on April 1, 2025.

** The team used the appeal decision date as the OIG end date for average days to process calculations for completed clinical appeals. This method did not account for delays caused by incomplete submissions.*

† In the team's calculation of the number of days it took VA to complete a clinical appeal, the number zero represents when VA completed the clinical appeal the same day the appeal was filed.

Timeliness by Fiscal Year

To determine whether VHA made improvements in its timeliness for adjudicating PCAFC AMA decision reviews, the audit team analyzed reviews by fiscal year, as shown in table 1 on the next page. Of note, completed AMA decision reviews included in the team's analysis were issued by VA from February 11, 2022, through March 31, 2025 (in the middle of fiscal year (FY) 2025). In-progress reviews were not completed as of April 1, 2025, and are included in the last column

of table 1. While the number of reviews that took more than 365 days to be completed appears in the table to have declined, those numbers do not include decision reviews in progress as of April 1, 2025.

Table 1. Caregiver Support Program Decision Reviews and Processing Time by Fiscal Year

Fiscal year	AMA filed	AMA completed	Completed within 365 days after receipt	Completed more than 365 days after receipt	Not completed (in progress as of April 1, 2025)
2021	10	0	0	10	0
2022	1,578	17	235	1,304	39
2023	2,609	889	749	546	1,314
2024	2,373	1,926	744	22	1,607
2025	821	882	104	0	717
Total	7,391	3,714	1,832	1,882	3,677

Source: OIG-reviewed data retrieved from CARMA on April 1, 2025.

As table 1 shows, the program office began accepting PCAFC AMA decision reviews in FY 2021 but did not complete any AMA decisions that year. Furthermore, as detailed in the table, the number of AMA decision reviews completed each fiscal year by the Caregiver Support Program significantly increased from FYs 2022 through 2024.

For the PCAFC AMA decision reviews filed during these years, the program proportionately has been able to increase the number of decision reviews completed within 365 days or less. For example, in FY 2022, the program completed only about 15 percent (235 of 1,578) of AMA decision reviews filed within 365 days but improved to about 29 percent (749 of 2,609) in FY 2023, and about 31 percent (744 of 2,373) in FY 2024. The average number of days to complete a decision review decreased from FY 2022 to 2023 by 55 days but then increased by 166 days from FY 2023 to 2024, and by 156 days from FY 2024 through March 31, 2025.²³ Despite some progress, however, some veterans and caregivers continue to wait more than a year after filing their AMA decision review to hear back from VA, which could delay granted benefits.

Data on clinical appeals demonstrate that VHA has typically maintained a pace of completing them, on average, in less than 40 days since FY 2021. The average number of days it took VHA to complete a clinical appeal of a program decision was highest in FYs 2021 (about 38 days) and 2022 (about 39 days).

²³ Some submissions may be missing required information (such as signatures or medical documentation), which can delay processing. However, the data did not identify when that occurred or when a submission was completed or corrected to allow the team to assess how much additional processing time was added.

As detailed in table 2, FYs 2021 and 2022 were also those in which VHA received the largest volume of clinical appeals when compared to subsequent fiscal years. The OIG team identified a small number of clinical appeals filed during these years that took VHA over a year to decide.

Table 2. Caregiver Support Program Clinical Appeals and Processing Time by Fiscal Year

Fiscal year	Clinical appeals filed	Appeals completed in the fiscal year	Completed within 365 days or less after receiving the appeal*	Completed more than 365 days after receiving the appeal	In progress [‡]
2021	5,997	4,847	5,986	9	2
2022	4,092	4,975	4,080	2	10
2023	3,426	3,379	3,401	0	25
2024	2,736	2,769	2,699	0	37
2025	1,095	1,027	816	0	279
Total	17,346	16,997	16,982	11	353

Source: OIG-reviewed data retrieved from CARMA on April 1, 2025.

Note: Clinical appeals that were completed and included in the team's analysis had decisions issued by VA from October 15, 2020, through March 31, 2025. In-progress appeals that are included in this analysis were yet to be decided as of April 1, 2025.

* Appeals that were filed in the fiscal year and completed within 365 days or less.

[‡] Appeals that were filed in the fiscal year but remained in progress as of April 1, 2025.

Overall, VHA has improved the average number of days to complete a clinical appeal from about 39 days in FY 2022 to about 33 days in FY 2024. In sum, veterans and their caregivers waited on average just over a month for VHA to issue a decision from FY 2021 through March 31, 2025.²⁴

Additional Timeliness Analysis

The program office was actively making changes to its decision review process during this audit, which included implementing an overtime project and ensuring supplemental claims were ready for review before being assigned to a reviewer. The OIG therefore analyzed additional decision review and clinical appeals data to determine whether the review time trends it initially observed continued. The data included completed decision reviews and clinical appeals from April 1 through December 31, 2025. These data showed that, on average, the Caregiver Support Program completed PCAFC AMA decision reviews in about 581 days and clinical appeals in 37 days. During this time, about 4 percent of higher-level reviews and about 4 percent of supplemental claims were granted. About 11 percent of level 1 and about 6 percent of level 2 clinical appeals

²⁴ Some submissions may be missing required information (such as signatures or medical documentation), which can delay processing. However, the data did not identify when that occurred or when a submission was completed or corrected to allow the team to assess how much additional processing time was added.

were granted. These outcomes are similar to those observed for AMA decision reviews and clinical appeals during the team’s initial analysis. The data are summarized in table 3.

**Table 3. Caregiver Support Program Appeals and Decision Reviews
Processing Time from April 1 through December 31, 2025**

Appeal or review option	Completed	Average days to complete*	Range of days to complete
AMA	3,284	581	1–1,348
Clinical	1,861	37	0–381
Total	5,145	—	—

Source: OIG-reviewed data retrieved from CARMA on January 5, 2026.

** Average days rounded for readability.*

The team briefed the Caregiver Support Program’s executive director and director of review and appeals on the results of this additional analysis in January 2026. The leaders acknowledged that the OIG’s methodology was sound; however, they told the team that their way of determining timeliness of PCAFC AMA decision reviews differs from the OIG’s methodology. Specifically, the program office analyzes the data monthly and makes projections using workload averages (existing and incoming claims versus completed claims) for the last six months to determine how long it will take a typical claim to be reviewed at a specific point in time. In contrast, the OIG examined the data and measured timeliness from the veterans’ perspective: that is, how many days, on average, a veteran waited after filing their claim to receive a decision from VA (appeal file date versus appeal decision date). While the program’s calculation methodology may be useful to estimate current processing times and monitor employee performance, it is not effective at determining how long veterans waited for a decision.

PCAFC AMA Decision Review Completion Goals

The OIG team determined that PCAFC AMA decision review timeliness may be improved by a completion goal. However, unlike clinical appeals, VHA has not established a timeliness goal for completing AMA decision reviews. VHA Directive 1041(2) includes a timeliness goal for completing level 1 clinical appeals—meaning the appeal is to be decided and the decision communicated to the veteran or caregiver who submitted the appeal—within 45 business days, starting on the date that the claim is received. For level 2 clinical appeals, which may include an external review, if additional time beyond the initial 45 days is necessary, the appeal must be completed no more than 60 days after VHA receives the appeal. CARMA data show that, for the most part, the program office has met this goal for clinical appeals.

VA reported in the November 2025 *Congressionally Mandated Report Periodic Progress Report on Appeals* that the Claims and Appeal Modernization Office was working with program offices to aggregate data to establish adequate metrics for the AMA system. That said, VA did not

provide a date for when the office expected to complete this effort. VHA's Claims and Appeals Modernization Office reported in May 2026 that the office was waiting for the VA Office of General Counsel to clarify reporting requirements under AMA. Once that guidance is received, the Claims and Appeals Modernization Office plans to work with affected program offices to develop necessary measures and interim tracking tools, if necessary.

Although the Caregiver Support Program has not established overarching timeliness goals for completing PCAFC AMA decision reviews, it has developed some milestone goals for health system specialists and reviewers that may help improve timeliness. For example, the Caregiver Support Program's executive director said the program aims to move received decision reviews from the Centralized Mail Portal to CARMA within three to five business days. The audit team confirmed this was an FY 2025 performance standard for health system specialists, and it remained for FY 2026. Decision reviewers also had an FY 2026 performance standard to complete 65–75 decision reviews per quarter. However, neither of these performance standards specifically address how quickly decision reviews should be completed.

Furthermore, the program office's instruction manual for completing PCAFC AMA decision reviews, last updated in September 2025, does not include overarching performance measures or goals. The OIG team spoke with health system specialists and reviewers who confirmed that the Caregiver Support Program does not have any overarching performance measures or goals for completing decision reviews. Federal internal control standards say management should design control activities to achieve objectives and that such activities can include establishing and reviewing performance measures.²⁵ As noted, VHA employees have a duty to decide benefits claims quickly and accurately. But VHA cannot measure its overall effectiveness in doing so without clearly established programmatic goals for completing these reviews.

The OIG's first recommendation is for the under secretary for health to direct the Caregiver Support Program's executive director to develop and implement timeliness goals for completing PCAFC AMA decision reviews to make sure that claims are assigned and acted upon in accordance with these measures.

PCAFC AMA Decision Review Backlog

In July 2026, there was a backlog of 703 PCAFC AMA decision reviews awaiting action in the Centralized Mail Portal, with some having been submitted as far back as October 2025. This backlog had decreased by about 56 percent compared to the backlog observed by the OIG team in December 2025. But because this backlog remains and new claims are regularly submitted, the program office continues to face the challenge of how to minimize decision wait times for veterans and caregivers.

²⁵ Government Accountability Office, *Standards for Internal Control in the Federal Government*, GAO-25-107721, May 2025.

The Caregiver Support Program’s executive director and director of review and appeals said submission errors can contribute to the backlog. They explained that veterans and caregivers do not always correctly complete VA Form 20-0996 (*Decision Review Request: Higher-Level Review*) and VA Form 20-0995 (*Decision Review Request: Supplemental Claim*) and sometimes send them to the wrong address. According to these officials, such errors can cause claims to be routed to VBA or to the Board of Veterans’ Appeals and therefore be significantly delayed before being routed to the caregiver program’s queue in the Centralized Mail Portal. The director of review and appeals said they do not know how much these errors contribute to the number of unassigned claims but noted that they could receive hundreds of claims at a time due to these errors. The OIG team attempted to analyze data from the portal to identify the types and frequency of these errors, as well as how much time they add to claims processing. However, the portal could not export the data needed to conduct this analysis. Having the ability to extract and analyze this data would allow the program office to quantify the extent to which such delays contribute to its backlog and inform actions to address the backlog.

Because the rate at which claims are received is out of the program office’s control, the OIG’s second recommendation is for the under secretary for health to direct the Caregiver Support Program’s executive director to develop a plan to address the backlog of PCAFC AMA decision reviews and report progress routinely and transparently to inform veterans.

PCAFC AMA Decision Review Metrics Reporting

AMA requires VA to publicly report processing and tracking metrics related to AMA appeal and decision review options.²⁶ These metrics include “the average duration for processing claims and supplemental claims, disaggregated by regional office,” and “the average duration for processing requests for higher-level review ... disaggregated by regional office.”²⁷ Sections of the act refer to VBA and its regional offices but do not specifically refer to VHA or specific program offices. In September 2023, VHA’s Claims and Appeals Modernization Office asked the Office of General Counsel which reporting metrics sections of the AMA apply to VHA. According to the chief of VHA’s Claims and Appeals Modernization Office, VA’s Office of General Counsel had not provided a response as of May 2026. As a result, VHA—including the Caregiver Support Program—has yet to report such metrics as part of AMA reporting.

While the AMA does not mention reporting by VHA, that does not prohibit the Caregiver Support Program from sharing such information, especially as it contributes to transparency and can inform veteran and caregiver decision-making regarding which options to choose for contesting a program decision. Although VA’s Office of General Counsel has not clarified AMA

²⁶ AMA §§ 3 and 5. Section 3 requires VA to submit a report to Congress every 180 days, which includes monitoring metrics and goals of the new appeals system, and section 5 requires periodic publication of metrics relating to VA’s appeals processing.

²⁷ AMA § 5.

reporting requirements, it has the data available to show how long it takes to complete PCAFC AMA decision reviews. Federal internal control standards say management should externally communicate the necessary quality information to oversight bodies, regulators, and the public to achieve the entity's objectives.²⁸ The program office reports some AMA information to veterans service organizations, including data on the number of decision reviews, number completed, and approval rates. However, it does not report on how long it takes to process higher-level reviews and supplemental claims.

The Caregiver Support Program director of review and appeals said the program office does not offer guidance to veterans or caregivers regarding which option to choose when submitting an appeal. For this reason, it is especially important that veterans and caregivers know and understand the length of time it takes to render a decision.

Furthermore, veterans and caregivers can use PCAFC AMA decision reviews and clinical appeals at the same time, which presents the opportunity to have some claims decided sooner. In fact, without clinical appeals, veterans and caregivers would have to wait, on average, more than 10 times longer to have their claims decided through AMA decision reviews. But because veterans and caregivers do not have a clear indication of time frames for completion, they could be filing AMA decision reviews without knowing this option can take significantly longer than clinical appeals. This could delay their ability to start receiving care and benefits. Finally, reporting such information allows Congress and VA senior leaders to monitor whether veterans and caregivers are receiving timely access to the care and benefits for which they are eligible. It also enhances transparency to the public and veterans service organizations.

In a previous report that did not include the Caregiver Support Program in its scope, the OIG reviewed whether VHA effectively processed and tracked healthcare benefits decision reviews, specifically higher-level reviews and supplemental claims.²⁹ The OIG found that VHA did not have reliable data to report on the number of decision reviews processed and the time it took to process them, which limited congressional oversight. The OIG recommended that the under secretary for health coordinate with the Office of General Counsel to clarify how the AMA reporting metrics section applies to VHA and then develop those measures. That recommendation remained open as of July 2026, so the OIG is not making a similar recommendation in this report. Nevertheless, the OIG believes the program should report this information to provide necessary transparency for veterans and caregivers and to support oversight of the program.

²⁸ Government Accountability Office, *Standards for Internal Control in the Federal Government*.

²⁹ VA OIG, [*VHA Faces Challenges Implementing the Appeals Modernization Act*](#), Report No. 22-02064-155, September 7, 2023.

PCAFC AMA Information Provided to Veterans, Caregivers, and Program Staff

The OIG team also found that information on AMA appeal options provided to veterans and caregivers is incomplete. VA Form 10-305, *Your Rights to Seek Further Review of Program of Comprehensive Assistance for Family Caregivers (PCAFC) Decisions*, states, “A Supplemental Claim may be filed at any time.” However, under 38 U.S.C. § 5110, a veteran or caregiver must file a supplemental claim within one year from the date of the decision notification letter to maintain eligibility for the earliest effective date for any granted benefit. Additionally, VHA Notice 2025-09, which has interim guidance for program staff, does not clearly explain that a supplemental claim filed within one year of the decision under the AMA will have an effective date of when the original application was filed.³⁰ The notice also does not communicate that supplemental claims filed more than one year after the date of decision will have an effective date of when the supplemental claim was filed.³¹ As a result, veterans and caregivers could be missing out on earlier effective dates, resulting in fewer benefits received.

The OIG’s third recommendation is for the under secretary for health to update VA Form 10-305 and VHA Notice 2025-09 to clarify that veterans or caregivers must file a supplemental claim within one year from the date of the decision notification letter to maintain eligibility for the earliest effective date for any granted benefit.

Conclusion

The OIG found that the Caregiver Support Program offered veterans and caregivers the option to appeal decisions through PCAFC AMA decision reviews as required. However, the OIG found that AMA decision reviews took significantly longer to complete than clinical appeals. Timeliness goals, like those established for clinical appeals, could improve AMA decision review wait times. Additionally, the Caregiver Support Program office has decreased its backlog of AMA decision reviews. However, because a backlog remains and new claims continue to be submitted, the program office needs to develop a plan to address the time veterans and their caregivers wait to receive a decision.

Because VHA also has not publicly reported PCAFC AMA decision review time frames, veterans and caregivers do not have access to important timeliness information when deciding which appeal option to pursue and may be at risk of delayed benefits. Furthermore, the information provided to veterans, caregivers, and program staff on the time frame to file a supplemental claim should be clarified to more fully inform the veteran or caregiver that they must file a supplemental claim within one year from the date of the decision notification letter to maintain eligibility for the earliest effective date for any granted benefit. Until these timeliness

³⁰ VHA Notice 2025-09, section 4b; 38 U.S.C. §§ 5104, 5108, and 5110.

³¹ VHA Notice 2025-09, section 4b; 38 U.S.C. § 5110.

and transparency issues are addressed, veterans and caregivers may continue to pursue appeal options that limit or delay the benefits they are entitled to.

Recommendations 1–3

The OIG made the following recommendations to the under secretary for health to direct the Caregiver Support Program’s executive director to do the following:³²

1. Develop and implement timeliness goals for completing Appeals Modernization Act decision reviews for the Program of Comprehensive Assistance for Family Caregivers to make sure that claims are assigned and acted upon in accordance with these measures.
2. Develop a plan to address the backlog of Appeals Modernization Act decision reviews for the Program of Comprehensive Assistance for Family Caregivers and report progress routinely and transparently to inform veterans.
3. Update language in VA Form 10-305 and VHA Notice 2025-09 to clarify that veterans or caregivers must file a Program of Comprehensive Assistance for Family Caregivers supplemental claim within one year from the date of the decision notification letter to be eligible for the same effective date as the date of their initial application for any benefits granted in accordance with the law (38 U.S.C. § 5110).

VA Management Comments

The acting under secretary for health concurred with all recommendations. For recommendation 1, he reported that VHA’s Caregiver Support Program is now better positioned to set timeliness goals. He said the program intends to issue decisions on supplemental claims and higher-level reviews within 60 days from the date a completed request is received or the date a previously submitted incomplete request becomes complete. He noted that to implement this 60-day timeliness goal for completed requests, several actions have been taken, including updates the Caregiver Support Program made to its workflow management system in June 2026. Furthermore, all review and appeal team members completed training on the new system functionality, and retrospective reviews were conducted on all requests received before June 2026. The Caregiver Support Program also intends to update the PCAFC instruction manual, and quality control measures will be implemented to monitor the date a request meets criteria for being complete.

Regarding recommendation 2, the acting under secretary for health reported VHA has taken actions to address the backlog of AMA decision reviews for PCAFC and report progress. These actions include establishing performance metrics to increase the number of decisions rendered

³² The recommendations addressed to the under secretary for health are directed to anyone in an acting status or performing the delegable duties of the position.

each quarter, changing the process for requesting missing information from veterans, and adjusting clinical reviewer duties to allow them to focus on case reviews and decisions. As a result, he reported that the backlog has been reduced by more than 70 percent and processing times have improved such that the Caregiver Support Program anticipates processing completed claims within 60 days by the end of FY 2026. The Caregiver Support Program also intends to routinely publish the number of completed supplemental claims and higher-level reviews in the queue, as well as timeliness metrics, to help veterans and caregivers make informed decisions about which option to pursue.

For recommendation 3, the acting under secretary explained that VA Form 10-305 is being updated to clarify that a supplemental claim must be filed within one year of the date of decision being disputed to receive the earliest possible effective date. VHA's Claims and Appeals Modernization Office also plans to replace VHA Notice 2025-09 with a directive that will clearly state similar information.

Additionally, the OIG also provided VBA with a copy of the draft report. The principal deputy under secretary for benefits, performing the delegable duties of the under secretary for benefits, concurred with the information in the report and offered no additional comments. VHA's full response is in appendix D, and VBA's full response is in appendix E.

OIG Response

The OIG finds the acting secretary's plans responsive to the intent of the recommendations. The OIG will monitor implementation of corrective actions and will close the recommendations when VHA provides sufficient evidence that demonstrates progress in meeting the intent of the recommendations and addressing the risks identified in this report.

Appendix A: Program Eligibility Requirements

Eligibility requirements for the Program of Comprehensive Assistance for Family Caregivers, as explained in the Veterans Affairs Program of Comprehensive Assistance for Family Caregivers Eligibility Criteria Fact Sheet, are provided below.

Veteran Eligibility Requirements
• The individual is a veteran or a member of the Armed Forces undergoing a medical discharge from the Armed Forces. • The individual has a serious injury (including serious illness) incurred or aggravated in the line of duty in the active military, naval, or air service. Within the program, a serious injury is defined as any service-connected disability that is (1) rated at 70 percent or more by VA or (2) is combined with any other service-connected disability or disabilities, and a combined rating of 70 percent or more is assigned by VA. • The individual is in need of in-person personal care services for a minimum of six continuous months based on any one of the following: an inability to perform an activity of daily living, the need for supervision or protection based on symptoms or residuals of neurological or other impairment of injury, or a need for regular or extensive instruction or supervision without which the ability of the veteran to function in daily life would be seriously impaired. • It is in the best interest of the individual to participate in the program. • Personal care services that would be provided by the family caregiver will not be simultaneously and regularly provided by or through another individual or entity. • The individual receives care at home or will do so if VA designates a family caregiver. • The individual receives ongoing care from a Primary Care Team or will do so if VA designates a family caregiver.
Family Caregiver Eligibility Requirements
• Be at least 18 years of age. • Be either (1) the eligible veteran's spouse, son, daughter, parent, stepfamily member, or extended family member; or (2) someone who lives with the eligible veteran full-time or will do so if designated as a family caregiver. • Be initially assessed by VA as being able to complete caregiver education and training. • Complete caregiver training and demonstrate the ability to carry out the specific personal care services, core competencies, and additional care requirements.

Source: Caregiver Support Program, "Veterans Affairs Program of Comprehensive Assistance for Family Caregivers Eligibility Criteria Fact Sheet," October 2022.

Appendix B: Details of Clinical Appeals and Decision Review Processes

Provided below is a list of steps involved in processing and adjudicating clinical appeals, as well as Program for Comprehensive Assistance for Family Caregivers Appeals Modernization Act (AMA) decision review options (higher-level reviews and supplemental claims).

Clinical Appeals
Level 1 • Veteran or caregiver submits clinical appeal in writing to patient advocate • Patient advocate enters clinical appeal in the Patient Advocate Tracking System Replacement, VA's electronic system of record for documenting contact made by a veteran, beneficiary, or their representative to patient advocates • Patient advocate prepares and mails a Notice of Receipt of Clinical Appeal Letter to veteran or caregiver • Centralized eligibility and appeal team reviews appeal and recommends granting or denying it* • Veterans Integrated Services Network (VISN) chief medical officer adjudicates appeal • VISN director mails decision letter to veteran or caregiver Level 2 • Veteran or caregiver submits clinical appeal in writing to VISN patient advocate coordinator • VISN patient advocate coordinator enters clinical appeal in Patient Advocate Tracking System Replacement • VISN patient advocate coordinator prepares and mails a notice of receipt of clinical appeal letter to veteran or caregiver • Centralized eligibility and appeal team reviews appeals and recommends granting or denying it* • VISN chief medical officer adjudicates appeal • VISN chief medical officer mails decision letter to veteran or caregiver

Higher-Level Reviews

Caregiver Support Program's national office staff manage the higher-level review process outlined below:

- Veteran or caregiver submits VA Form 20-0996 to VA Evidence Intake Center
- Contractor uploads form to Centralized Mail Portal
- Health system specialist transfers information from Centralized Mail Portal to Caregiver Records Management Application (CARMA) and assigns a reviewer
- Reviewer adjudicates the decision review and writes the decision letter
- Health system specialist records decision in CARMA
- Health system specialist sends decision letter to veteran or caregiver

Supplemental Claims

Caregiver Support Program's national office staff manage the supplemental claim review process outlined below:

- Veteran or caregiver submits VA Form 20-0995 along with any new and relevant evidence that supports the claim to VA Evidence Intake Center
- Contractor uploads form and additional evidence to Centralized Mail Portal
- Health system specialist transfers information from Centralized Mail Portal to CARMA and assigns a reviewer
- Reviewer adjudicates the decision review and writes the decision letter
- Health system specialist records decision in CARMA
- Health system specialist sends decision letter to veteran or caregiver

Source: OIG analysis of steps outlined in VHA Directive 1041(2), Appeal of Veterans Health Administration Clinical Decisions, amended March 3, 2025, app. G and Program of Comprehensive Assistance for Family Caregivers (PCAFC) Decision Review and Appeals Instruction Manual, Version. 1.8, September 2025.

** Level 1 appeals are reviewed by a centralized eligibility and appeal team but not the team that made the original decision; level 2 appeals are reviewed by a different centralized eligibility and appeal team than the one that made the initial eligibility determination and did not review the first-level appeal.*

Note: Higher-level reviews and supplemental claims are available only for Program of Comprehensive Assistance for Family Caregiver decisions provided by VA on or after February 19, 2019. Board appeals are not included in this report because they are outside the scope of the audit. All steps listed above are consolidated to show key steps in the overall process.

Appendix C: Scope and Methodology

Scope

The audit team conducted its work from March 2025 through July 2026. The team focused on the Program of Comprehensive Assistance for Family Caregivers (PCAFC) appeals and decision reviews that are under the responsibility of the Caregiver Support Program. These include clinical appeals, higher-level reviews, and supplemental claims. Board appeals are adjudicated by the Board of Veterans' Appeals and thus fall outside the purview of the program office. Therefore, they were not included in the scope of this audit. The review population in the team's initial analysis was extracted from the Caregiver Records Management Application (CARMA) and initially consisted of 39,506 records. The team removed 14,765 records because they were out of scope. Therefore, the number of records in the universe totaled 24,741 that included decisions Veterans Health Administration (VHA) issued for higher-level reviews and supplemental claims from February 11, 2022, through March 31, 2025, and clinical appeals from October 15, 2020, through March 31, 2025. The decision review and clinical appeal time frames differed because they reflect when VHA issued decisions, and clinical appeals have been accepted for a longer period. To determine the persistence of observations from the initial analysis, the team extracted additional CARMA data. This review population consisted of 5,145 records with decisions completed from April 1 through December 31, 2025.

Methodology

The audit team reviewed applicable laws, regulations, policies and procedures related to the processing and tracking of PCAFC decision reviews according to Veterans Appeals Improvement and Modernization Act of 2017 (AMA) requirements and applicable VHA policy for the PCAFC, including

- The AMA;
- *Beaudette v. McDonough*, 34 Vet. App. 95 (2021);
- *Beaudette v. McDonough*, 93 F. 4th 1361 (Fed. Cir. 2024);
- VHA Directive 1041(2), *Appeal of Veterans Health Administration Clinical Decisions*, September 28, 2020 (amended March 3, 2025);
- VHA Notice 2025-09, *Appeals Modernization Act in the Veterans Health Administration*, September 19, 2025; and
- VA, *Congressionally Mandated Report Periodic Progress Report on Appeals*, Pub. L. No. 115-55 § 3, November 2025.

The team also obtained and reviewed relevant Caregiver Support Program documentation including

- *Program of Comprehensive Assistance for Family Caregivers Decision Review and Appeals Instruction Manual*;
- VA Form 10-305, *Your Rights to Seek Further Review of Program of Comprehensive Assistance for Family Caregivers (PCAFC) Decisions*, February 2025;
- VHA, *Caregiver Support Program External Stakeholder Data Updates*; and
- Performance plans for Caregiver Support Program staff.

To understand which AMA requirements applied to the PCAFC, the team interviewed officials from VA's Office of General Counsel and VHA's Claims and Appeals Modernization Office. In addition, the team met with Caregiver Support Program leaders, including the executive director and director of review and appeals. To understand the systems used to record and track appeals, the team met with Veterans Benefits Administration and contractor staff at the VA Evidence Intake Center who are responsible for uploading claims information into the Centralized Mail Portal. The team also met with Caregiver Support Program staff responsible for reviewing and uploading appeal and decision review information into CARMA. To further its understanding of how clinical appeals are processed, the team met with patient advocates and a Veterans Integrated Service Network Caregiver Support Program lead.

For CARMA records, the team excluded cases that were out of scope (for example, those that were not clinical appeals or PCAFC AMA decision reviews).

The team then reviewed the population to determine the duration for processing clinical appeals and decision reviews.

Internal Controls

The team assessed internal controls to determine whether they were significant to the audit objective. This included consideration of the five internal control components: control environment, risk assessment, control activities, information and communication, and monitoring.³³ In addition, the team reviewed the principles of internal controls as associated with the objective and identified two components and two principles as significant.³⁴ The team identified internal control deficiencies during this audit and included a recommendation for one internal control deficiency listed in table C.1. The team did not include a recommendation for the

³³ Government Accountability Office, *Standards for Internal Control in the Federal Government*, GAO-25-107721, May 2025.

³⁴ Because the audit was limited to the internal control components and underlying principles identified, it may not have disclosed all internal control deficiencies that could have existed at the time of this audit.

information and communication deficiency as there is an open recommendation from a prior OIG audit report that should address this issue.³⁵

Table C.1. VA OIG Analysis of Internal Control Components and Principles Identified as Significant

Component	Principle	Deficiency identified by this report
Control activities	10. Management should design control activities to achieve objectives and respond to risks.	VHA and the Caregiver Support Program have not established programmatic goals for completing PCAFC AMA decision reviews.
Information and communication	15. Management should externally communicate the necessary information to achieve the entity's objectives.	Caregiver Support Program PCAFC decision review data it has reported does not include measures such as the duration for processing higher-level reviews and supplemental claims, which would provide veterans and caregivers with important information regarding which options to pursue when contesting a program decision.

Source: VA OIG analysis of internal control components and principles consistent with the Government Accountability Office's Standards for Internal Control in the Federal Government.

Data Reliability

The audit team obtained records for this report from CARMA, which is the application used by the Caregiver Support Program to process, store, and track records for clinical appeals, higher-level reviews, and supplemental claims. Program staff manually enter clinical appeals data from the Patient Advocate Tracking System Replacement (the system of record for clinical appeals) and PCAFC AMA decision review information and supporting documentation from the Centralized Mail Portal—the system used to receive digital and paper PCAFC AMA-related claims mail—into CARMA. The team randomly selected a sample of 45 cases to compare with the source data in the Patient Advocate Tracking System Replacement and Centralized Mail Portal. The data included information on the type of decision review or clinical appeal, dates decision reviews or clinical appeals were submitted, and veteran information. The team determined the data were sufficient and reliable for the purposes of the team's analysis and to support the results and conclusions.

The audit team also reviewed PCAFC queues in the Centralized Mail Portal. The team observed PCAFC AMA decision reviews awaiting action within the portal regularly during this audit. For the 45 randomly selected CARMA cases discussed above, the team used the 30 AMA higher-level reviews and supplemental claims associated with the cases as its sample for testing the reliability of the Centralized Mail Portal data. For the 30 AMA higher-level reviews and

³⁵ VA OIG, [VHA Faces Challenges Implementing the Appeals Modernization Act](#), Report No. 22-02064-155, September 7, 2023.

supplemental claims, the team tested the portal data against the source documents maintained within the portal. The data included information on the type of the decision review, the date the document was scanned into the portal, and veteran information. The team determined the data were sufficient and reliable for the purposes of the team’s analysis and to support the results and conclusions.

Government Standards

The VA Office of Inspector General (OIG) conducted this performance audit in accordance with generally accepted government auditing standards.³⁶ Those standards require that the OIG plan and perform the audit to obtain sufficient, appropriate evidence to provide a reasonable basis for the findings and conclusions based on audit objectives. The OIG believes the evidence obtained provides a reasonable basis for the findings and conclusions based on the audit objectives.

Use of Artificial Intelligence (AI)

The audit team drafted this report with assistance from Microsoft Copilot (GPT-5 model). The tool was used during the audit to summarize an interview and suggest wording for clarity and plain language. The team’s analysis and findings are based on professional judgment, consistent with VA OIG policy and applicable professional standards. All Copilot-generated output was reviewed and verified by the team, which maintains full responsibility for the content of this report. All citations in this report refer to original source material, not the team’s Copilot-generated content.

Copilot assistance was not used as the principal basis for any conclusions or decisions and therefore does not meet the definition of “high-impact” use under the Office of Management and Budget’s Memorandum M-25-21.³⁷

³⁶ Government Accountability Office, *Government Auditing Standards 2024 Revision*, GAO-24-106786, February 2024.

³⁷ Office of Management and Budget Memorandum M-25-21, *Accelerating Federal Use of AI through Innovation, Governance, and Public Trust*, April 3, 2025, sec. 4a.

Appendix D: VA Management Comments, Acting Under Secretary for Health

Department of Veterans Affairs Memorandum

Date: August 27, 2026

From: Acting Under Secretary for Health (10)

Subj: Office of Inspector General (OIG) Report, Audit of Caregiver Support Program Benefit Appeals Decisions (VIEWS 15129703)

To: Assistant Inspector General for Audits and Evaluations (52)

1. Thank you for the opportunity to review and comment on OIG's draft report on the Audit of Caregiver Support Program Benefit Appeals Decision. The Veterans Health Administration (VHA) concurs with the recommendations made to the Under Secretary for Health and provides an action plan in the attachment.
2. Since expanding the options available to dispute Program of Comprehensive Assistance for Family Caregivers (PCAFC) decisions in 2021, the Caregiver Support Program (CSP) has been assertively engaged in continuous process improvements and refinements designed to support timely decisions on supplemental claims and higher-level reviews of PCAFC decisions available under the Veterans Appeals Improvement and Modernization Act of 2017.
3. VHA is committed to improving the processing time of Appeals Modernization Act decisions as it relates to PCAFC. Thank you for highlighting this important area of focus.

The OIG removed point of contact information prior to publication.

(Original signed by)

John Figueroa

Attachment

Attachment

VETERANS HEALTH ADMINISTRATION (VHA)

Action Plan

OIG Draft Report – Audit of Caregiver Support Program Benefit Appeals Decisions (Project Number 2025-01406-AE-0063)

Recommendation 1: Develop and implement timeliness goals for completing Appeals Modernization Act decision reviews for the Program of Comprehensive Assistance for Family Caregivers to make sure that claims are assigned and acted upon in accordance with these measures.

VHA Comments: Concur. The Veterans Health Administration (VHA) agrees that the identification of a target to assist in keeping work on track is an important component of any standardized workflow.

Since the conclusion of OIGs audit, VHA's Caregiver Support Program (CSP) has continued to consider the range of tasks required to review and issue decisions and is now better positioned to set timeliness goals. CSP intends to issue decisions on supplemental claims and higher-level reviews within 60 days from the date a completed request is received or the date a previously submitted incomplete request becomes complete. A complete request is one which includes all information necessary for CSP to review and issue a decision. An incomplete request is one that is missing information necessary for the Veterans Affairs (VA) to initiate the review, such as the identification of the issue being disputed or a required signature on applicable forms.

CSP believes issuing decisions within 60 days for complete claims will account for the number of incoming requests received and the time necessary to conduct a case review while maintaining high-quality standards for comprehensive and accurate decisions.

To implement this 60-day timeliness goal for completed requests, several actions have been taken. In June 2026, CSP made updates to its workflow management system to support the ability to distinguish between complete and incomplete requests for supplemental claims and higher-level reviews. These improvements include functionality not previously available to identify, monitor, and report on timeliness to decisions for complete requests. The update introduced a new date field marking when a request becomes complete and ready for adjudication, allowing CSP to measure decision timeliness more accurately. All review and appeal team members completed training on the new functionality. Retrospective reviews were conducted on all requests received before June 2026, to determine the status for each and documenting the relevant date accordingly.

Additionally, CSP intends to take the following additional actions: CSP will update the Program of Comprehensive Assistance for Family Caregivers (PCAFC) Decision Review and Appeals Instructional Manual to incorporate the newly established timeliness goals and incorporate performance expectations. Quality control measures will be implemented to monitor the accurate identification of the date on which a request meets the criteria for being "complete."

Status: In Progress

Target Completion Date: December 2026

Recommendation 2: Develop a plan to address the backlog of Appeals Modernization Act decision reviews for the Program of Comprehensive Assistance for Family Caregivers and report progress routinely and transparently to inform Veterans.

VHA Comments: Concur.

VHA has taken targeted actions to address the backlog of Appeals Modernization Act decision reviews for PCAFC and report progress. Beginning in July 2025, VHA strategically re-aligned staff within the Review and Appeals workstream to focus specifically on supplemental claims and higher-level reviews. CSP also established performance metrics in April 2025 to increase the number of decisions rendered each quarter. In January 2026, changes were made to how CSP issues requests for information to Veterans who have submitted requests for supplemental claims or higher-level reviews that are missing necessary information. In March 2026, employees started collecting missing information by phone from Veterans and caregivers to reduce delays associated with mailed correspondence. In April 2026, clinical reviewer duties were adjusted so they can focus exclusively on case reviews and decisions. CSP continues to update the Decision Letter templates to reduce administrative time and improve standardization and consistency. These actions have led to a more than 70% reduction in the backlog and significantly improved processing times, such that by the end of Fiscal Year 2026, CSP will be processing completed claims within 60 days.

Additionally, to support transparency and accountability, CSP intends to routinely publish metrics related to PCAFC higher-level reviews and supplemental claims on its website at www.caregiver.va.gov. These metrics will include the number of completed supplemental claims and higher-level reviews in queue, and timeliness metrics so that Veterans and caregivers are aware of the number of requests awaiting decisions and can make informed decisions about which option to pursue.

Status: In Progress **Target Completion Date:** November 2026

Recommendation 3: Update language in VA Form 10-305 and VHA Notice 2025-09 to clarify that Veterans or caregivers must file a Program of Comprehensive Assistance for Family Caregivers supplemental claim within one year from the date of the decision notification letter to be eligible for the same effective date as the date of their initial application for any benefits granted in accordance with the law (38 U.S.C. § 5110).

VHA Comments: Concur. CSP is in the process of making updates to VA Form 10-305, which include clarification that a supplemental claim for a PCAFC eligibility decision must be filed within one year of the date of decision being disputed, to receive the earliest possible effective date. Additionally, VHA's Claims and Appeals Modernization Office intends to replace VHA Notice 2025-09, with a more robust directive. Content within the directive will clarify that filing a supplemental claim within one year from the date of decision under dispute is necessary to be eligible for the earliest possible effective date. This language will allow such statement to be applicable across all types of VHA supplemental claims, covered within the scope of the directive.

Status: In Progress **Target Completion Date:** January 2027

<i>The text of VA's management comments is reprinted verbatim as received from the department. For accessibility, the original format of this appendix has been modified to comply with section 508 of the Rehabilitation Act of 1973, as amended.</i>

Appendix E: VA Management Comments, Principal Deputy Under Secretary for Benefits

Department of Veterans Affairs Memorandum

Date: July 31, 2026

From: Under Secretary for Benefits (20)

Subj: Office of Inspector General Draft Report: Audit of Caregiver Support Program Appeals Processes
(Project Number 2025-01406-AE-0063)

To: Assistant Inspector General, Office of Audits and Evaluations (52)

1. Thank you for the opportunity to review and comment on the Office of Inspector General (OIG) draft report: Audit of Caregiver Support Program Appeals Processes.

2. Where Veterans Benefits Administration (VBA) is mentioned, OIG references VBA's information accurately, and VBA takes no issue with the information in the report. VBA appreciates the opportunity to review the draft report and concurs without comment.

The OIG removed point of contact information prior to publication.

(Original signed by)

J. Margarita Devlin

Principal Deputy Under Secretary for Benefits

Performing the Delegable Duties of the Under Secretary for Benefits

The text of VA's management comments is reprinted verbatim as received from the department. For accessibility, the original format of this appendix has been modified to comply with section 508 of the Rehabilitation Act of 1973, as amended.

OIG Contact and Staff Acknowledgments

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