



DEPARTMENT OF VETERANS AFFAIRS
OFFICE OF INSPECTOR GENERAL

Office of Audits and Evaluations

VETERANS HEALTH ADMINISTRATION

Program of Comprehensive
Assistance for Family
Caregivers: IT System
Development Challenges
Affect Expansion

AUDIT

REPORT #20-00178-24

JUNE 8, 2021



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Executive Summary

The VA Office of Inspector General (OIG) conducted this audit to evaluate VA's efforts to implement an information technology (IT) system that fully supports the Program of Comprehensive Assistance for Family Caregivers (the Family Caregiver Program), as required by the VA MISSION Act of 2018 (MISSION Act). The OIG also sought to determine VA's compliance with the act's schedule and system performance requirements and to assess IT system development costs.¹

The implementation of this IT system is critical because under the act, a system that fully supports the program and allows for data assessment and comprehensive monitoring is a prerequisite for the expansion of the program. The MISSION Act, passed on June 6, 2018, mandated expanding the population served by the Family Caregiver Program from veterans injured on or after 9/11 to eligible veterans injured in any conflict. To be eligible, veterans must have sustained or aggravated a serious injury in the line of duty and need personal care services for supervision and protection or to help them with daily living activities.² Before the expansion can take effect, the MISSION Act requires VA to implement an IT system to fully support the expanded program and allow for data assessment and comprehensive monitoring. The statutory deadline for IT implementation was October 1, 2018, and the MISSION Act stipulated that a year after that date the VA Secretary must report on the system's status and certify the new IT system's implementation. In fact, the implementation to support program expansion was not completed until October 1, 2020, when the Secretary certified the new IT system.

The anticipated growth of the program is significant. According to a health system specialist, as of May 11, 2020, the program had 19,472 participating veterans and made monthly stipend payments totaling approximately \$30 million to their primary family caregivers, with payments averaging about \$1,527 and ranging from about \$674 to \$2,757.³ Due to the delay in implementing the IT system, the first phase of the Family Caregiver Program expansion began October 1, 2020, rather than October 1, 2019. The OIG estimated that about nine million veterans served on or before May 7, 1975.⁴ Veterans from this group who incurred or aggravated a serious injury in the line of duty and meet other requirements may be determined eligible. If so, they and their caregivers may now be able to participate in the program.

¹ The John S. McCain III, Daniel K. Akaka, and Samuel R. Johnson VA Maintaining Internal Systems and Strengthening Integrated Outside Networks (MISSION) Act of 2018, Pub. L. No. 115-182 (2018).

² 38 C.F.R. § 71.15. The regulation defines the need for supervision or assistance based on impairments.

³ 38 C.F.R. § 71.15. The regulation defines family caregivers under the Program of Comprehensive Assistance for Family Caregivers as both primary and secondary family caregivers.

⁴ VETPOP2018 Living Veterans by Period of Service, Gender, 2018-2048, VA National Center for Veterans Analysis and Statistics website, accessed July 27, 2020, https://www.va.gov/vetdata/veteran_population.asp.

Effective October 1, 2022, VA will implement the second phase of the expansion. The OIG estimated that about six million additional veterans served between May 8, 1975, and September 10, 2001.⁵ As with phase 1, if veterans in this group incurred or aggravated a serious injury in the line of duty during this period and are determined eligible, they and their caregivers may then be able to participate in the program. Under VA's expansion plan, approximately 55,000 veterans will be eligible by 2024 to receive care through the program, including 13,000 pre-Vietnam and 23,000 Vietnam veterans. Milliman Inc., an actuarial and consulting firm contracted by VA, projected the program could have an even greater reach, with up to 95,000 participants by 2024.⁶ Although the expansion of the Family Caregiver Program marks a major milestone in VA's compliance with the MISSION Act, the challenges implementing the IT system delayed access to these critically needed services for veterans of all eras.

What the Audit Found

The OIG found VA did not meet the MISSION Act's October 1, 2018, deadline for implementing an IT system that fully supports the program, and so could not achieve the October 1, 2019, reporting requirement to describe how the system was implemented and being used to monitor workload and program modifications.⁷ In an October 2018 report to Congress, former VA Secretary Robert Wilkie stated the October 1, 2018, deadline for completing the expanded IT system due to the MISSION Act's expansion of eligibility and scope of program services was not feasible.⁸ The Secretary also stated VA had previously expressed these concerns during reviews of the legislation prior to enactment. In an October 2019 letter to the Committee on Veterans' Affairs, the Secretary also stated that VA could not comply with the reporting requirements timeline and that the new IT system would be rolled out in three phases with projected completion in summer 2020.⁹

The new IT system is called the Caregiver Record Management Application (CARMA). VA implemented CARMA phase 1 in December 2019 and CARMA phase 2 in April 2020. VA fully implemented CARMA phase 3 on October 1, 2020, two years after the MISSION Act's requirement. CARMA phases 1 and 2 included adding capabilities, development delivery

⁵ VETPOP2018 Living Veterans by Period of Service, Gender, 2018-2048.

⁶ Milliman Inc., *Milliman Model - BY18 PCAFC Model Projections*, September 13, 2019. Milliman is under a standing contract with VHA's Office of Policy and Planning to provide ongoing healthcare actuarial consulting, modeling, and analyses that assess the effects of an evolving VA healthcare system and of proposed policies, regulations, and legislation on veteran demand for VA services.

⁷ VA MISSION Act of 2018, §162 (d) (3).

⁸ VA, *Initial Congressional Report on Implementation of Information Technology System of VA to Assess and Improve the Family Caregiver Program*, October 23, 2018. The report was sent to the House and Senate Committees on Veterans' Affairs and to the Comptroller General of the United States.

⁹ Former VA Secretary Robert Wilkie, letter to the chairman of the Senate Committee on Veterans' Affairs, October 7, 2019.

(additional technologies to meet user requirements), data migration services, and automated stipend payments for primary family caregivers. CARMA phase 3 included additional capability delivery, development delivery, and data integration services.¹⁰ Appendix A provides a detailed timeline highlighting some of the steps and reported problems in implementing an IT solution for the Family Caregiver Program.

The OIG found the Caregiver Application Tracker (CAT), the initial IT system for the Family Caregiver Program, was deployed in 2011 as an internal program administrative tool without the involvement of VA's Office of Information and Technology (OIT). According to an OIT project manager, CAT was not set up under the authority of OIT but under the Veterans Health Administration's (VHA) Caregiver Support Program, which encompasses the Family Caregiver Program. He also stated VHA did not know the processes and procedures that OIT had in place when developing and deploying new software. The lack of involvement hindered the two subsequent systems designed to address the issues in CAT: (1) Caregiver Application Tracker, Rescue, Enhancements, and Support (CAT Rescue) and (2) Caregiver Tool (CareT). These unsuccessful systems required the development of CARMA. CAT had data integrity and quality issues; did not have enough capacity to capture required data to allow VA to manage, monitor, and generate accurate reports or support stipend calculation; and was not authorized to operate before being hosted on VA's network.¹¹ Development of both CAT Rescue and CareT suffered from a lack of governance and continuity in leadership.

The lack of OIT involvement resulted in an incorrect security assessment and a lack of business requirements completed for CAT. As CAT Rescue and CareT depended heavily on CAT, the data integrity and data quality issues were not addressed. Additionally, instability in leadership in key management positions contributed to OIT's and VHA's inability to implement CAT Rescue and CareT. The loss of key leaders contributed to project delays and improper documentation of major decisions.

¹⁰ "Additional capability delivery" represents the delivery of VA Enterprise Case Management Solutions modules to support the modernization of mission-specific case management solutions. "Development delivery" represents additional technologies to deliver capabilities that meet user requirements, such as JavaScript, Hyper Text Markup Language (HTML), Apex, and Visualforce.

¹¹ Joint Task Force Transformation Initiative, "Risk Management Framework for Information Systems and Organizations: A System Life Cycle Approach for Security and Privacy," *National Institute of Standards and Technology (NIST) Special Publication 800-37*, rev. 2, December 2018. Authority to operate is a formal declaration by a designated approving authority that authorizes operation of a business product and explicitly accepts the risk to the agency. After a certification agent certifies that the system has met and passed all requirements to become operational, the authority to operate is signed.

Figure 1 depicts the development of the IT systems designed to support the program before and after the MISSION Act was signed into law.

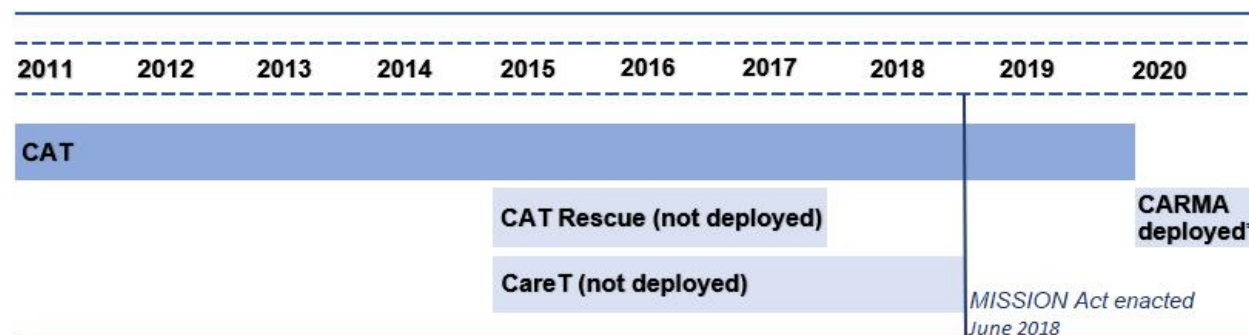


Figure 1: VA Family Caregiver IT systems.

Source: VA OIG analysis.

*CARMA phase 1 deployed in December 1, 2019, and phase 2 in April 2020. A VA Enterprise Case Management Solution presentation dated December 4, 2019, indicated that VA revised its initial completion date for CARMA from the summer of 2020 to September 2020. CARMA was fully implemented by October 1, 2020.

As of February 11, 2020, the estimated fiscal year (FY) 2019 through FY 2026 cost for CARMA’s development and sustainment was about \$115 million.¹² As of March 12, 2020, VA had expended about \$16 million of the \$29 million made available for obligation to implement an IT system that fully supported the program. This included \$8 million (of \$19 million obligated) for phases 1 and 2 of CARMA. It is important to note that this new system was required (instead of potentially less costly upgrades) because the existing system was inadequate, and two projects to provide a short- and long-term fix were unsuccessful—CAT Rescue and CareT.¹³ About \$9 million (of \$10 million obligated) was spent on the unsuccessful deployment of CAT Rescue and CareT.

The OIG found VA’s plan for completing the deployment of CARMA did not include all the functionalities the MISSION Act requires. VA planned to rely on or integrate other systems to provide some of the system’s functionalities, instead of re-creating them in CARMA. These other systems will include the capacity to capture data and report on caregivers participating in other support services, such as respite care, as well as the outcome of veterans’ appeals of program decisions. At the time of the audit, according to the VHA former deputy chief officer for patient care services, VHA would not be able to effectively report to Congress about appeals unless the Patient Advocate Tracker System—which captures information on veterans’ appeals of all VHA decisions including those related to the program—was integrated into CARMA. Also, according to VHA’s clinical nurse executive for the Office of the Deputy Under Secretary

¹² Appendix B presents the audit scope and methodology, including how the audit team assessed the IT systems’ development costs.

¹³ CAT Rescue was intended to stabilize and rehost the original CAT system and address known data integrity issues and operational challenges, while CareT was intended to be a cloud-based solution that would replace CAT for the long term.

for Health Policy and Services and VA's senior product strategist for VA's Digital Service, CARMA would have some of the functionalities that the MISSION Act requires, such as the ability to generate reports on the status of veterans' applications, required quarterly monitoring sessions with participants, and the completion of required annual visits to participants homes. On January 22, 2021, VA informed the OIG that CARMA, as certified by the VA Secretary on October 1, 2020, included functionalities to meet the MISSION Act requirements.

Finally, the OIG found OIT did not establish the appropriate security risk category for CARMA, an error that reduced the system's needed controls. CARMA was hosted on Salesforce, a moderate-risk cloud environment, rather than in a high-risk cloud environment, before a privacy impact assessment was completed as required prior to deployment.¹⁴ The lower security setting has weaker access controls and potentially jeopardizes the confidentiality, integrity, and availability of sensitive information related to veterans and their caregivers. VA's chief information officer recommended to VHA's former executive in charge to select Salesforce as the platform for CARMA based on its reliability, scalability, interoperability, and total life cycle cost. However, it was rated lower than a higher-security environment with comparable characteristics. The inappropriate risk category was assigned because VHA, the owner of the information in CARMA, did not participate in assessing the security risk categorization of CARMA as required by the National Institute of Standards and Technology (NIST).¹⁵

In addition, OIT did not follow the required Veteran-focused Integration Process (VIP) to develop CARMA, instead using the Development Operations process (DevOps).¹⁶ According to the associate deputy assistant secretary for DevOps, OIT did so because officials felt DevOps was more advantageous. The officials said DevOps would enable OIT to deploy new systems and update existing systems faster and more frequently than VIP. Officials also thought it would lower costs by leveraging industry best practices and innovation. However, the VIP framework was mandated for any project effort managed by OIT's Enterprise Program Management Office that touches the VA network unless a release is granted based on meeting 10 requisite capabilities. By electing to use the DevOps process, OIT eliminated many of the VIP process steps and documentation requirements.

¹⁴ Joint Task Force Transformation Initiative, "Security and Privacy Controls for Federal Information Systems and Organizations," *NIST Special Publication 800-53*, rev. 4, April 2013, includes updates as of January 22, 2015. A privacy impact assessment is a process for identifying and mitigating privacy risks within an information system, should address risk at every stage of the system development life cycle, and is required before developing or procuring IT that collects, maintains, or disseminates information that is in an identifiable form.

¹⁵ Joint Task Force Transformation Initiative, "Risk Management Framework for Information Systems and Organizations: A System Life Cycle Approach for Security and Privacy." "The information owner or steward is an organizational official with statutory, management, or operational authority for the specified information and the responsibility for establishing the policies and procedures governing its generation, collection, processing, dissemination, and disposal."

¹⁶ According to OIT, the development operations process features collaboration between the business and the IT units that develop, deliver, and manage applications for that business.

What the OIG Recommended

On January 22, 2021, VA provided the OIG with documentation showing CARMA captures appeals information and uses both CARMA and other systems to collect clinical services information such as respite care. In an initial draft of this report, and referred to in discussions with VA, the OIG intended to recommend that the former assistant secretary for information and technology, in conjunction with the executive in charge for VHA at the time, ensure CARMA had the functionality to meet the requirements of the VA MISSION Act of 2018. Based on the satisfactory evidence provided by OIT, the OIG removed that recommendation as no longer needed.

The OIG recommended the acting assistant secretary for information and technology work with the acting under secretary for health to establish policies and procedures for joint governance on all IT projects to ensure such efforts will provide an adequate return on investment and effectively achieve program objectives. The OIG further recommended that the program management review process be consistently enforced to help future IT projects deliver and sustain the intended outcomes and develop controls for making certain the Program and Acquisition Review Council evaluates underperforming projects. The acting assistant secretary for information and technology is also asked to consider changing the system's risk categorization to "high" to better protect veteran's personal health information and other sensitive data. The final recommendation is to establish VA-wide policies and responsibilities for managing VA information technology projects under the DevOps process.


Because VA lacked a strong foundation on which to build an IT system that would support the Family Caregiver Program expansion, it faced significant challenges in developing a MISSION Act-compliant IT solution within congressionally mandated deadlines. The OIG recognizes VA's significant efforts and the challenges involved in developing a new system that will support the expansive scale, scope, and complexity required. The OIG estimated that millions of veterans, if determined eligible, may now be considered for participation in the program. VA's implementation of the IT system has delayed the realization of the MISSION Act's promise of inclusion for veterans of all eras.

VA Management Comments

The acting assistant secretary for information and technology and chief information officer concurred with all four recommendations, and responsive action plans were provided for each. While the acting assistant secretary requested closure of all four recommendations, the OIG considers these recommendations open. The OIG will close recommendations 1, 2, and 4 on receipt of the VA Secretary's signed charters for the IT Investment Board and IT Investment Council. Recommendation 3 will remain open until OIT provides documentation to the OIG that CARMA meets the security objectives for data confidentiality, integrity, and availability. This includes providing the Cyber Security Technology and Metrics Team's November 29, 2019, and

November 5, 2020, data security categorization package, assessment, and recommendation for a moderate security risk categorization.

While the acting assistant secretary concurred with the report recommendations, he expressed concerns with some of the information in the report and provided technical comments. The OIG reviewed the technical comments and found most were associated with finding 1 regarding CARMA missing critical functionalities and not being fully implemented. As noted above, the OIG removed the recommendation related to the missing functionalities. For the remaining technical comments, the OIG incorporated changes as appropriate based on additional evidence provided by OIT after the audit was completed. Appendix C includes the full text of the acting assistant secretary's comments.



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Contents

Executive Summary i

Abbreviations ix

Introduction.....1

Results and Recommendations8

 Finding 1: VA Was Not in a Position to Quickly Implement an IT System that Would Meet
 the MISSION Act’s Requirements.....8

 Recommendations 1–214

 Finding 2: CARMA Does Not Have the Appropriate Security Risk Categorization17

 Recommendations 3–422

Appendix A: Background24

Appendix B: Scope and Methodology28

Appendix C: Management Comments.....30

OIG Contact and Staff Acknowledgments40

Report Distribution41

Abbreviations

CareT	Caregiver Tool
CARMA	Caregiver Record Management Application
CAT	Caregiver Application Tracker
CAT Rescue	Caregiver Application Tracker Rescue, Enhancements, and Support Effort
DevOps	Development Operations
FedRAMP	Federal Risk Authorization Management Program
FY	fiscal year
GAO	Government Accountability Office
IT	information technology
NIST	National Institute of Standards and Technology
OIG	Office of Inspector General
OIT	Office of Information and Technology
VHA	Veterans Health Administration
VIP	Veteran-focused Integration Process



Introduction

The VA Office of Inspector General (OIG) conducted this audit to evaluate VA's efforts to implement an information technology (IT) system that fully supports the Program of Comprehensive Assistance for Family Caregivers (the Family Caregiver Program) as required by the VA MISSION Act of 2018.¹⁷ The OIG also sought to determine VA's compliance with schedule and system performance requirements specified by the MISSION Act and to assess IT system development costs.

The MISSION Act, passed June 6, 2018, mandates that VA expand the program, which had previously served only those injured on or after 9/11, to cover eligible veterans injured in any conflict. To be eligible, veterans must have sustained or aggravated a serious injury in the line of duty and need personal care services for supervision and protection or to assist them with daily living activities.¹⁸ Before carrying out the expansion, the MISSION Act requires VA to implement an IT system to fully support the broader program and allow for data assessment and comprehensive monitoring. The deadline for system implementation was October 1, 2018, and the MISSION Act stipulated that a year after that (October 1, 2019) the VA Secretary must report on the system's status and certify the new IT system's implementation. However, the implementation to support program expansion was not completed until October 1, 2020, at which point the Secretary issued the required certification.

Under the MISSION Act timelines, the expansion would occur in two phases. The first year after certification by the VA Secretary, veterans who incurred serious injuries (including traumatic brain injury, psychological trauma, or other mental health disorder) or aggravated those injuries in the line of duty in active military, naval, or air service on or before May 7, 1975, would be allowed to enroll in the program. In the second phase, two years after the Secretary's certification of the system, eligible veterans who served between May 8, 1975, and September 10, 2001, would be able to enroll in the program.

The program expansion has the potential to affect millions of veterans more than are currently served. According to a health system specialist, as of May 11, 2020, the program had 19,472 participants and made monthly stipend payments in April 2020 totaling approximately \$30 million to their primary family caregivers, with payments averaging about \$1,527 and ranging from about \$674 to \$2,757.¹⁹ Due to the delay in implementing the IT system, the first

¹⁷ The John S. McCain III, Daniel K. Akaka, and Samuel R. Johnson VA Maintaining Internal Systems and Strengthening Integrated Outside Networks (MISSION) Act of 2018, Pub. L. No. 115-182 (2018).

¹⁸ 38 C.F.R. § 71.15. The regulation defines the need for supervision or assistance based on impairments.

¹⁹ 38 C.F.R. § 71.15. Family caregivers include both primary and secondary family caregivers under the program. VHA Notice 2020-31, *Caregiver Support Program*, October 1, 2020. The primary family caregiver provides personal care services, whereas a secondary family caregiver generally serves as a backup.

phase of the Family Caregiver Program expansion began October 1, 2020, rather than October 1, 2019. The OIG estimated that about nine million veterans served on or before May 7, 1975.²⁰ Veterans from this group who incurred or aggravated a serious injury in the line of duty and meet other requirements may be determined eligible to participate in the program.

Effective October 1, 2022, VA will implement the second phase of the expansion. The OIG estimated that about six million additional veterans served between May 8, 1975, and September 10, 2001.²¹ As with phase 1, if veterans in this group incurred or aggravated a serious injury in the line of duty during this period and are determined eligible, they and their caregivers may be able to participate in the program. Although the expansion of the Family Caregiver Program marks a major milestone in VA's compliance with the MISSION Act, the challenges implementing the IT system delayed access to these critically needed services for veterans of all eras.

Family Caregiver Program

The program was initially authorized in 2010.²² It provides approved family caregivers of eligible veterans with education and training, respite care, mental health services, beneficiary travel, monthly stipend payments, and access to health care (if qualified) through VA's Civilian Health and Medical Program. A family caregiver is the veteran's spouse, son, daughter, parent, step-family member, extended family member, or someone who is not a member of the veteran's family but lives with the veteran full-time (or will do so if designated as a family caregiver). VA's fiscal year (FY) 2020 budget requested \$720 million for the Caregiver Support Program, an increase of 42 percent (\$213.5 million) over the FY 2019 level to support more than 27,000 caregivers.

The request included support for the Program of General Caregiver Support Services, which provides education, training, and support for the care of a disabled veteran in need of personal care services, the use of telehealth and other available technologies, specified counseling, and respite care to caregivers of qualified veterans of all eras. The FY 2020 budget request anticipated the expansion of the Caregiver Support Program. Under VA's expansion plan, approximately 55,000 veterans will be eligible by 2024 to receive care through the program, including 13,000 pre-Vietnam and 23,000 Vietnam veterans. Milliman Inc., an actuarial and

²⁰ VETPOP2018 Living Veterans by Period of Service, Gender, 2018-2048, VA National Center for Veterans Analysis and Statistics website, accessed July 27, 2020, https://www.va.gov/vetdata/veteran_population.asp.

²¹ VETPOP2018 Living Veterans by Period of Service, Gender, 2018-2048.

²² 38 U.S.C. § 1720 G.

consulting firm contracted by VA, projected the program could have an even greater reach, with up to 95,000 participants by 2024.²³

IT Requirements under the VA MISSION Act of 2018

The IT system must be able to (1) easily retrieve data that will allow all aspects of the Family Caregiver Program and workload trends to be assessed and comprehensively monitored; (2) manage data with respect to more caregivers than the Secretary expects to apply; (3) integrate with other relevant VHA IT systems; and (4) allow monitoring and assessment of data including the status of applications, appeals, and home visits, and caregivers' use of support services such as respite care. The MISSION Act required VA to submit a report to Congress certifying the IT system had been developed to meet all requirements by October 1, 2019. The report was also to provide a description of how the system was implemented, whether any modifications were made to the system, and how the system was being used to monitor the workload for the program. Table 1 details the MISSION Act's key IT system functionality requirements.

Table 1. VA MISSION Act's IT Requirements

Requirement	Due date	Status
The VA Secretary shall implement an IT system that fully supports the Family Caregiver Program and allows for data assessment and comprehensive monitoring.	October 1, 2018	Completed October 1, 2020
The VA Secretary shall, through the under secretary for health, use data from the system and other relevant data to assess how key aspects of the Family Caregiver Program are structured and carried out.	March 30, 2019 (180 days after implementation)	Not complete
The Secretary shall use the system to monitor and assess the workload of the program, including monitoring and assessing data on the status of applications, appeals, and home visits in connection with the program; and the use by caregivers participating in the program of other support services under the program, such as respite care.	N/A	Completed October 1, 2020
The Secretary shall submit to the Committee on Veterans' Affairs of the Senate, the Committee on Veterans' Affairs of the House of Representatives, and the Comptroller General a report on implementation.	October 1, 2019	Completed October 1, 2020

Source: VA OIG analysis of MISSION Act of 2018.

²³ Milliman Inc., *Milliman Model - BY18 PCAFC Model Projections*, September 13, 2019. Milliman is under a standing contract with VHA's Office of Policy and Planning to provide ongoing healthcare actuarial consulting, modeling, and analysis that assess the effects of an evolving VA healthcare system and of proposed policies, regulations, and legislation on veteran demand for VA services.

VA Secretary's Concern about Timeline for New IT System's Rollout

VA missed the MISSION Act's deadline for the deployment of a new IT system to fully support the program. In an October 2018 report to Congress, former VA Secretary Robert Wilkie stated the October 1, 2018, deadline for completing the expanded IT system was not feasible due to the MISSION Act's expansion of eligibility and scope of program services.²⁴ The Secretary also stated VA had previously expressed these concerns during reviews of the legislation prior to enactment. In addition, he stated the Caregiver Tool (CareT), which was the system being developed at that time to replace the program's original Caregiver Application Tracker (CAT) system, would not meet the MISSION Act's functionality requirements. In an October 2019 letter to the Committee on Veterans' Affairs, the Secretary stated that VA could not comply with the October 1, 2019, reporting requirements.²⁵ He also stated that requiring documentation in the IT system of clinical services made available to veterans and caregivers under the program would "be a duplicative process that would create operational and technical difficulties that could delay implementation and increase costs."

Program IT Systems: CAT, CAT Rescue, CareT, and CARMA

In July 2011, CAT was deployed by a VHA Health Eligibility Center contract employee without documentation or data validation. CAT was used to capture some information on program applications and participants and family caregivers after the program started accepting veteran applications in 2011. However, a Government Accountability Office (GAO) report identified several limitations with CAT, including limited search and data retrieval capabilities, lack of integration with other VHA information systems, and poor data reliability.²⁶ CAT also did not have enough capacity to capture data VA needed to manage, monitor, and generate accurate reports to effectively govern the program. In addition, CAT did not support enterprise processes such as calculating stipends. According to a former VHA senior health system specialist, the Office of Community Care established a Microsoft Access database to assist with determining stipend payments for primary family caregivers.²⁷ The data contained in the Access database

²⁴ VA, *Initial Congressional Report on Implementation of Information Technology System of VA to Assess and Improve the Family Caregiver Program*, October 23, 2018. The report was sent to the House and Senate Committees on Veterans' Affairs and to the Comptroller General of the United States.

²⁵ Former VA Secretary Robert Wilkie, letter to the chairman of the Senate Committee on Veterans' Affairs, October 7, 2019.

²⁶ GAO, *Actions Needed to Address Higher-Than-Expected Demand for the Family Caregiver Program*, GAO-14-675, September 2014.

²⁷ "Community Care Overview," accessed September 22, 2020, <https://www.va.gov/communitycare/>. According to its website, "VA provides care to Veterans through community providers when VA cannot provide the care needed. Community care is based on specific eligibility requirements, availability of VA care, and the needs and circumstances of individual veterans."

were then entered into a separate Veterans Health Information Systems and Technology Architecture application and routed to the Financial Management System database for payment.

In 2015, VA's Office of Information and Technology (OIT) implemented a two-track, short- and long-term approach to modernize CAT by simultaneously developing the systems called Caregiver Application Tracker, Rescue, Enhancements, and Support Effort (CAT Rescue) and CareT. CAT Rescue, the planned short-term solution, was intended to stabilize and rehost the original CAT system and address CAT's known data integrity issues and operational challenges but was unsuccessful due to poor project management. CareT was intended to be a cloud-based solution that would replace CAT for the long term.²⁸ According to former VA Secretary Robert Wilkie in an October 23, 2018, report to Congress, the initial release for CareT was intended for fall 2018, but following additional integrations, user acceptance testing, and staff training, the system's launch was pushed back to January 2019.²⁹

Former VA Secretary Robert Wilkie indicated CareT would provide a new workflow framework for processing program applications at VA medical centers. He also stated CareT was expected to improve data capture and enable enhanced analytical capabilities necessary for program oversight and monitoring and to interact with various other VA IT systems, including enrollment databases. Furthermore, CareT was to centralize the stipend payment process under the program. This version of CareT, if fully and properly implemented, would have had the potential to conform with pre-MISSION Act program requirements, and it could have been the foundation VA used to meet subsequent requirements without having to develop the Caregiver Record Management Application (CARMA), a new IT system. Meanwhile, VA continued to use CAT for the program.

In 2019, VA began developing CARMA to meet the information system requirements of the MISSION Act. CARMA is a commercial, off-the-shelf system modified for VA and hosted on a Salesforce platform—a moderate cloud environment. According to the acting principal deputy under secretary for health, CARMA is intended to support the expansion of the program by enabling VA to process, track, and manage veterans' program applications; automate stipend payments; and improve reporting functionalities that are currently available through CAT. VA planned to roll out CARMA in three phases, with completion expected for summer 2020. Table 2 shows the CARMA development phases and the target completion dates that VA provided to Congress.

²⁸ "What is a Cloud Based Solution," Deputy.com, accessed July 22, 2020, <https://www.deputy.com/glossary/what-is-a-cloud-based-solution>. According to Deputy.com, a cloud-based solution refers to on-demand services, computer networks, storage, applications, or resources accessed via the internet and through another provider's shared cloud computing infrastructure.

²⁹ VA, *Initial Congressional Report on the Information Technology System of VA to Assess and Improve the Family Caregiver Program*.

Table 2. Goal, Purpose, Deliverables, and Timeline for CARMA Development

Descriptions	Phase 1	Phase 2	Phase 3
Goal	Replace CAT with Caregiver Record Management Application	Automate stipend processing	Be ready for expansion
Purpose summary	Establish the IT foundation to enable VA to retire CAT and prepare for expansion	Eliminate the most manually intensive and time-consuming step of the process	Fully enable VA to handle program expansion
Deliverables	CARMA Release 1 <ul style="list-style-type: none"> • Enable VA to process, track, and manage caregiver applications • Retire CAT 	CARMA Release 2 <ul style="list-style-type: none"> • Automate and fully integrate the stipend payment process into the CARMA user workflow • Establish core integration with the Financial Management System 	Legacy System Updates <ul style="list-style-type: none"> • Update systems such as the Computerized Patient Record System and the Enrollment System to handle expansion Caregiver Application (VA10-10CG) Form on VA.gov* <ul style="list-style-type: none"> • Enable online application submissions CARMA Release 3 <ul style="list-style-type: none"> • Ensure that all reporting needs are met
Target	October 2019	January 2020	Summer 2020

Source: OIG's interpretation of VA OIT briefing information provided to Congress.³⁰

* Form VA10-10CG is the application used for the Family Caregiver Program.

VA's target was to complete the first phase of CARMA in October 2019. Although VA began the rollout in October, the first phase was not completed until December 2019. VA entered the second phase in April 2020, about three months behind schedule. VA fully implemented CARMA on October 1, 2020, two years after the MISSION Act's implementation requirement. Phases 1 and 2 included capability delivery, development delivery, data migration services, and stipend payments. As of February 11, 2020, the estimated FY 2019 through FY 2026 cost for CARMA's development and sustainment was about \$115 million. OIT's program manager for CARMA told the OIG that as of November 4, 2019, phases 1 and 2 were fully funded.

The audit team assessed the IT systems' development costs by reconciling contract costs for CAT Rescue, CareT, and CARMA's phase 1 and 2 to expenditures recorded in VA's Financial Management System. As of March 12, 2020, VA had expended about \$16 million of \$29 million in obligated funding to implement an IT system to fully support the program. This included about \$9 million (of \$10 million obligated) on the unsuccessful deployment of CAT Rescue and

³⁰ VA, *CARMA PM MVP - Requirements Narrative (PCAFC Expansion—OIT Development Phases)*, May 17, 2019.

CareT and about \$8 million (of \$19 million obligated) for phases 1 and 2 of CARMA. Phase 3 included additional capability delivery, development delivery, and data integration services.³¹

Figure 1 depicts the development of the IT systems designed to support the program.

(Appendix A provides a more detailed timeline highlighting some of the steps and reported implementation problems.)

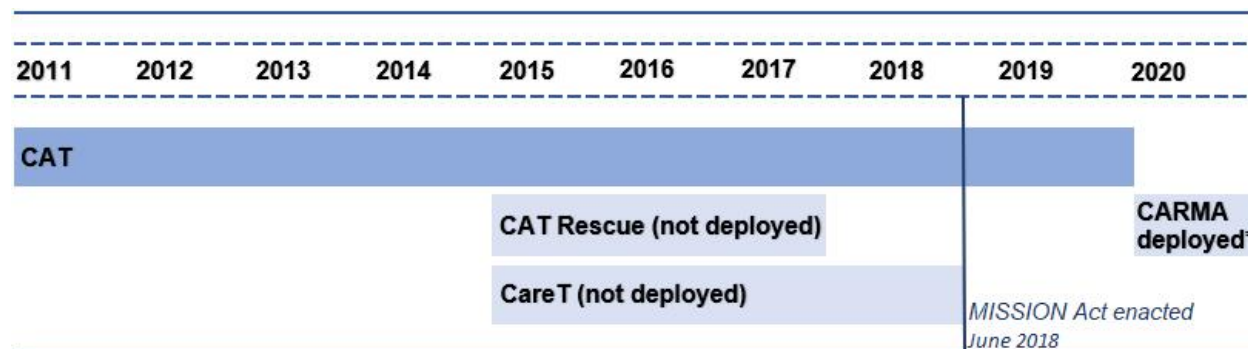


Figure 1: VA Family Caregiver IT solutions.

Source: VA OIG analysis.

*CARMA phase 1 deployed in December 1, 2019, and phase 2 in April 2020. A VA Enterprise Case Management Solution presentation dated December 4, 2019, indicated that VA revised its initial completion date for CARMA from the summer of 2020 to September 2020. CARMA was fully implemented on October 1, 2020.

³¹ “Additional capability delivery” represents the delivery of VA Enterprise Case Management Solutions modules to support the modernization of mission-specific case management solutions. “Development delivery” represents additional technologies to deliver capabilities that meet user requirements, such as JavaScript, Hyper Text Markup Language (HTML), Apex, and Visualforce.

Results and Recommendations

Finding 1: VA Was Not in a Position to Quickly Implement an IT System that Would Meet the MISSION Act's Requirements

VA lacked a strong foundation on which to build an IT system that would support the Family Caregiver Program expansion and faced significant challenges in developing a MISSION Act-compliant IT solution by the mandated deadlines. The OIG recognizes VA's significant efforts and the challenges involved in developing a new system that will support the expansive scale, scope, and complexity required. However, at the time of the OIG audit, the team found that CARMA, the new IT system implemented to meet the requirements of the MISSION Act, did not adequately support the program or allow for data assessment and comprehensive monitoring. VA did not meet the MISSION Act's October 1, 2018, deadline for implementing the system, nor did it meet the October 1, 2019, reporting requirement.³²

The audit team identified key factors that have impeded VA's ability to fully comply with the MISSION Act and its timelines:

- VA was not in a position to readily upgrade the program's existing IT system (CAT), which was developed in 2011, due to the lack of OIT initial involvement in developing the system and the resulting lack of data integrity and quality.
- CAT Rescue and CareT, the short- and long-term replacement IT systems for CAT that were started in 2015, were unsuccessful due in part to VA's lack of adequate and coordinated governance and continuous leadership over the IT projects.
- Because the replacement IT system projects were unsuccessful, VA had to start over with the development of CARMA. According to former VA Secretary Robert Wilkie, the October 2018 deadline for completing an expanded IT system was not feasible due to the scale of the MISSION Act's expansion of eligibility and the scope of program services.³³

Due to the delays in implementing the system, program expansion was late by two years. Potentially millions of veterans and caregivers waiting to be considered for participation in the benefits program are still facing delays.

³² VA MISSION Act of 2018, §162 (d) (3). The reporting requirement was to provide a certification by the VA Secretary of the new IT system's implementation and a description of how the system was implemented and being used to monitor workload and program modifications.

³³ VA, *Initial Congressional Report on Implementation of Information Technology System of VA to Assess and Improve the Family Caregiver Program*.

What the OIG Did

To gain an understanding of the program, the audit team examined applicable laws. The team also reviewed briefings and presentations VA provided to Congress regarding meeting the MISSION Act's requirements for a new IT system. Relevant contracts and project costs for the various IT systems developed to support the program were also considered. Team members interviewed the product manager and former director of VA's Digital Service regarding the development of CARMA. Also interviewed were VHA's former deputy chief patient care services officer for care management, chaplain, and social work; the deputy and former national director of the Caregiver Support Program; Caregiver Support Program staff and support coordinators; the program officer for the VHA Office of Community Care; and the national program manager and staff for the Caregiver Support Line. Appendix B presents the audit scope and methodology.

IT System Required for Expansion Was Missing Critical Functionalities and Not Fully Implemented

VA's plans for completing the deployment of CARMA at the time of the OIG audit did not include all the functionalities that the MISSION Act requires. According to VHA's clinical nurse executive for the Office of the Deputy Under Secretary for Health Policy and Services and the senior product strategist for VA's Digital Service, CARMA has some of the functionalities the MISSION Act requires, such as the ability to generate reports on the status of veterans' applications, required quarterly monitoring sessions of participants, and the completion of required annual visits to participants. VA plans to rely on or integrate other systems to provide some of the system's functionalities, instead of re-creating them in CARMA. These other systems will include the capacity to capture data and report on caregivers participating in other support services, such as respite care, and on appeal outcomes. Yet according to VHA's former deputy chief patient care services officer, VHA will not be able to effectively report to Congress about veterans' appeals of program decisions unless the Patient Advocate Tracker System—which is used to capture information on appeals of VHA decisions, including those related to the program—is integrated into CARMA.

VA officials explained why CARMA does not have all the required capabilities. According to former VA Secretary Robert Wilkie's response to Congress in October 2018, all clinical services, including respite care, will be documented in the veteran's electronic health record, making the requirement to document the same information in CARMA duplicative. The senior product strategist took the same position, stating that CARMA was designed to be a workflow management tool, not to capture information found in the electronic health record.

Integration was accomplished when VA completed phase 1 of CARMA in December 2019, which included the migration of data from CAT. Accordingly, facility caregiver program coordinators and national program leaders can access all participant files in CARMA that were

previously managed in CAT. The remaining capabilities were added incrementally. The program management officer for the Office of Community Care reported that phase 2 of CARMA was completed in February 2020. The certification did not occur until April 2020, after testing verified that stipend payments were accurate. Phase 3 of CARMA's implementation was originally targeted for summer 2020, according to VHA's former deputy chief patient care services officer for care management. However, the date for CARMA phase 3 was updated to September 2020. The OIG determined that only two of the 10 critical functions needed for the Secretary's certification of CARMA required by the MISSION Act were completed in phases 1 and 2, meaning the remaining eight functionalities would have to be implemented in phase 3. VA fully implemented CARMA on October 1, 2020. Table 3 shows VA's high-level list of critical functionalities for CARMA it developed to meet MISSION Act requirements at the time of the OIG audit.

Table 3. VA Planned Critical Functionality to Meet the MISSION Act Requirements

System name	Description	CARMA phase
CARMA	Enable workflow to support business needs for the Family Caregivers Program, including processing VA Form 10-10CG and stipend payments and supporting the Caregiver Support Line.	1
Financial Management System	Integrate CARMA with the Financial Management System to automate caregiver stipend payment processing.	2
VA Form 10-10CG	Host VA Form 10-10CG on VA.gov and interface with CARMA.	3
Benefits Gateway Services	Provide support for monitoring the incarceration of veterans to allow the program to monitor benefits.	3
Salesforce Reporting	Enable dashboard and reporting at the individual, Veterans Integrated Service Network, and national levels across multiple data points.	3
VBA Corporate	Enable system checks with Social Security and Federal Bureau of Prisons as required by the OIG.	3
VHA Corporate Data Warehouse	Provide large data sets with veterans' sensitive information from CARMA to the VHA Corporate Data Warehouse to feed into reports provided by the Office of Information and Analytics.	3
Enrollment System	Enable identification of distinct caregiver beneficiaries with VA benefits start and end dates, capture demographics and contact information of caregivers for coordination of care, and enable identification of veterans eligible as both a veteran and a caregiver.	3

System name	Description	CARMA phase
Computerized Patient Record System	Capture clinical documentation for encounters with the Caregiver Support Program that medical centers need.	3
Master Veteran Index/Master Person Index	Manage and verify each veteran's identity for the enrollment system and manage identity verification of caregiver types. The Master Person Index is also planned to be a source for veteran death information.	3

Source: VA's System Checklist for the Family Caregiver IT Solution as of December 2019, provided by the former deputy chief officer for patient care services.³⁴

On January 22, 2021, VA informed the OIG that CARMA, as certified by the VA Secretary on October 1, 2020, included functionalities to meet the MISSION Act requirements. VA provided the OIG with documentation showing CARMA captures appeals information and uses both CARMA and other systems to collect clinical services information such as respite care. In an initial draft of this report, and referred to in discussions with VA, the OIG intended to recommend that the former assistant secretary for information and technology, in conjunction with the executive in charge for VHA at the time, ensure CARMA had the functionality to meet the requirements of the VA MISSION Act of 2018. Based on the satisfactory evidence provided by OIT, the OIG removed that recommendation as no longer needed.

Inadequate Governance and the Lack of Sustained Leadership Contributed to Unsuccessful IT System Development

Inadequate, uncoordinated governance over VHA's IT development projects—CAT, CAT Rescue, and CareT—and the lack of sustained leadership for IT development hindered VA's efforts to implement an IT system that fully supports the expansion of the program to veterans of all eras.

Inadequate Governance at the Outset Disadvantaged Subsequent Projects

In July 2011, VHA deployed CAT without the involvement of OIT personnel. OIT policy at the time required all VA IT projects that introduced new functionality or enhanced existing systems to use the approved Project Management Accountability System. The system was intended to provide integrated planning, management control, processes, security requirements, and clearly defined roles and responsibilities for VA IT projects to help ensure their successful deployment.

³⁴ According to technical comments from the acting assistant secretary, table 3 was accurate but it no longer reflects the current functionality.

According to an OIT IT project manager for CAT Rescue and CareT, CAT was not set up under the authority of OIT but under VHA's Caregiver Support Program. The IT project manager also stated VHA did not know the processes and procedures that OIT had in place when developing and deploying new software.

Because VHA bypassed the VA's Project Management Accountability System, OIT did not provide oversight, conduct security and privacy assessments, or document CAT's development, according to an OIT contract developer. The consequences were far-reaching:

- **Incorrect security assessment.** According to a former contracting officer's representative and CareT project manager, CAT was considered a "minor" application and did not require an authority to operate.³⁵ However, VHA should have conducted a security assessment to document and fully consider the confidentiality, integrity, and availability of data to achieve an authority to operate before CAT was hosted on VA's network.
- **Lack of business requirements.** A former VHA senior health system specialist told the OIG that CAT did not have business requirements. Instead, clinicians worked with the developer to quickly assess what the tool needed, such as the veteran's name, caregiver's name, address, and other fields. The data for CAT were not verified as "sensible or accurate," which resulted in data integrity and data quality issues.³⁶

Poor Project Management Reflected a Lack of Sustained Leadership

In 2015, OIT and VHA began working concurrently on the short-term CAT Rescue and longer-term CareT systems to move beyond the existing CAT system. However, poor project management combined with weaknesses in CAT impeded both planned successor systems.

In June 2015, VA awarded a firm-fixed-price contract of about \$2 million to Systems Made Simple to implement CAT Rescue. It was unsuccessful due to a number of factors: poor project management, the lack of CAT documentation, and data integrity and quality issues. CAT Rescue was intended to stabilize and rehost the original CAT system and address CAT's known data integrity issues and operational challenges.

In August 2015, VA awarded a firm-fixed-price contract of about \$3 million to ManTech to implement CareT. According to VA's Digital Service, little was done during the first 12 months

³⁵ Joint Task Force Transformation Initiative, "Risk Management Framework for Information Systems and Organizations: A System Life Cycle Approach for Security and Privacy," *NIST Special Publication 800-37*, rev. 2, December 2018. Authority to operate is a formal declaration by a designated approving authority that authorizes operation of a business product and explicitly accepts the risk to the agency. The authority to operate is signed after a certification agent confirms that the system has passed all requirements to become operational.

³⁶ "Caregiver History," OIT, accessed July 27, 2020, <https://vaww.oit.va.gov/oit-topic-library/caregiver-program>.

of the contract because it took up to six months for contractors to be onboarded. Once the contractors were onboarded, they realized the system requirements lacked specificity sufficient to produce work. ManTech was also unable to deliver an IT solution to VA because of CAT data migration issues.

In June 2017, VA awarded a firm-fixed-price contract, including several contract modifications totaling about \$5 million, to AbleVets LLC to replace ManTech in anticipation of the eventual delivery of the CAT Rescue database. In April 2018, the Systems Made Simple contract was ended and AbleVets acquired the CAT Rescue database resource.

In December 2018, VA began user acceptance testing for CareT. However, AbleVets was unable to deliver the migrated database, the online portal, or the Financial Management System integration. VA's chief information officer, with the former VHA executive in charge's agreement, halted the development of the CareT system in January 2019 due to 111 unresolved system defects.

The deployment of CareT was unsuccessful due to poor project management stemming from leadership turnover, ill-defined business requirements, and dependency on the unsuccessful CAT Rescue. The loss of key leaders contributed to project delays. Project managers are expected to deliver planned outcomes on time and within budget, identify risks and issues that could undercut project success or that require manager intervention, and determine when the next segment of project delivery will be ready to start. Yet during the development of the CAT Rescue and CareT systems, key leaders departed—including the program manager, portfolio deputy director, portfolio director, and executive director.

Because the CAT Rescue and CareT projects were unsuccessful, VA was required to start over with the development of CARMA. According to OIT's Enterprise Program Management Office health portfolio director, without sustained leadership, there was

- improper documentation of major decisions, and
- dependence on the program office for requirements elaboration.

An OIT requirements analyst subsequently elaborated on the business requirements, but not in time to resolve the issues that derailed CareT. The health portfolio director indicated that OIT's Enterprise Program Management Office assigned a requirements analyst to the CareT project to document the signoff of Caregiver Support Program Office requirements but could not cure the prior deficiencies. The OIG determined that the instability in leadership in key management positions may have contributed to OIT's and VHA's inability to implement CAT Rescue and CareT. Although CAT did not fully support the Caregiver Support Program, VHA was left to continue using the system until the CAT data migration to CARMA as part of CARMA's phase 1 in December 2019.

OIT Program Management Review Process Offers Promise for CARMA

In July 2019, the former assistant secretary for information and technology and chief information officer established the program management review process to ensure IT programs and projects deliver and sustain the intended outcomes. Through this process, the chief risk officer for OIT's Office of Quality, Performance, and Risk independently tracks program status through reporting dashboards and provides an overall, independent assessment of the health of OIT programs and investments. According to the former assistant secretary, the process provides early detection of issues, potential corrective actions, and changes to the original goals and milestones needed to complete project goals. Projects identified as underperforming are reviewed by the OIT Program and Acquisition Review Council. According to an OIT program manager, the program management review process is being used for CARMA.

Finding 1 Conclusion

VA was not in a position to quickly shift ongoing efforts to meet the MISSION Act's October 1, 2018, deadline for implementing an IT system. CAT, the program's IT system that was in place at the time, could not be upgraded. CAT was developed at the Health Eligibility Center based on requirements identified by the Caregiver Support Program Office. OIT was not involved in the design, an omission that led to documentation, data integrity, and quality issues. CAT Rescue and CareT, the respective short- and long-term replacement IT solutions for CAT, were unsuccessful because they were built on the flawed CAT system and because VA lacked the governance and continuity of leadership to ensure systems met program requirements. Because of the unsuccessful replacement projects, VA had to start over with the development of CARMA to support the MISSION Act's requirements for expansion of the program.

Due to these delays, the much broader group of veterans and their caregivers who meet the eligibility criteria to participate in the program are still waiting for the MISSION Act's promise of inclusion for eligible veterans of all eras to be realized. For future IT projects, VA needs to establish policies for the joint governance by program offices and OIT, and consistently enforce the program management review process. VA's plans for completing the deployment of CARMA at the time of the OIG audit did not include all the functionalities that the MISSION Act requires. However, since OIT provided additional documentation showing CARMA captures appeals and clinical services information such as respite care, the OIG did not make a recommendation to address CARMA's functionality.

Recommendations 1–2

The OIG made two recommendations to the acting assistant secretary for information and technology:

1. In conjunction with the acting under secretary for health, establish policies and procedures for joint governance by OIT and program offices on all information

technology projects to ensure such efforts will provide an adequate return on investment and effectively achieve program objectives.

2. Require the Office of Information and Technology to develop controls for making certain the program management review process is consistently enforced for future information technology projects to deliver and sustain the intended outcomes and to ensure underperforming projects are identified for evaluation by the Program and Acquisition Review Council.

VA Management Comments

The acting assistant secretary for information and technology and chief information officer concurred with recommendations 1 and 2 and provided an acceptable action plan for each. The acting assistant secretary requested closure for these recommendations. For recommendations 1 and 2, the acting assistant secretary stated OIT has institutionalized an IT Governance Framework successfully over the past two years, including the maturing of the framework during this year by establishing an IT Investment Board and an IT Investment Council to review IT investments. The acting assistant secretary also reported on other efforts, including establishing Federal Information Technology Acquisition Reform Act review processes and instituting an initial baseline review and program management reviews.

In addition, the acting assistant secretary provided technical comments on this finding, disagreeing with the OIG's statement that "VA's plans for completing the deployment of CARMA at the time of the OIG audit did not include all the functionalities that the MISSION Act requires." The acting assistant secretary indicated that VA always planned and intended for CARMA to include functionalities to meet the MISSION Act requirements. The acting assistant secretary also stated VA's October 1, 2020, certification of CARMA readiness demonstrated all requirements were achieved. Furthermore, the acting assistant secretary stated OIG's conclusion did not support its finding that VA's plan for completing the deployment of CARMA did not include all the functionalities that the MISSION Act requires.

Specifically, the acting assistant secretary took exception to the statements that "VA plans to rely on or integrate other systems to provide some of the system's functionalities, instead of re-creating them in CARMA. These include the capacity to capture data and report on caregivers participating in other support services such as respite care, and on appeal outcomes." Finally, the acting assistant secretary stated that the elements listed as part of the IT system were not an accurate reflection of the requirements in section 162 of the MISSION Act.

OIG Response

Responsive action plans were provided for both recommendations. Although the acting assistant secretary requested closure of the recommendations, the OIG will consider them open until the

office receives the VA Secretary's signed charters for the IT Investment Board and IT Investment Council.

The OIG recognizes that VA does not agree with all aspects of this finding, specifically that "VA's plans for completing the deployment of CARMA at the time of the OIG audit did not include all the functionalities that the MISSION Act requires." Additionally, the acting assistant secretary took exception to OIG's statements that "VA plans to rely on or integrate other systems to provide some of the system's functionalities, instead of re-creating them in CARMA. These include the capacity to capture data and report on caregivers participating in other support services such as respite care, and on appeal outcomes."

Originally, based on the evidence provided by VA at the time the draft report was issued in October 2020, the OIG planned to recommend the former assistant secretary for information and technology, in conjunction with the executive in charge for VHA at the time, ensure CARMA has the functionality to meet the requirements of the VA MISSION Act. In response to the assistant secretary's comment that CARMA meets the VA MISSION Act functionality requirements, the OIG added language in the executive summary and body of this report clarifying that, based on the additional documentation provided by VA on January 22, 2021, the recommendation was removed.

In response to the acting assistant secretary's comment that the elements listed as part of the IT system were not an accurate reflection of the requirements in section 162 of the MISSION Act, the OIG revised this report by expanding the IT elements. Specifically, the report now states that the IT system must be able to (1) easily retrieve data that will allow all aspects of the Family Caregiver Program and workload trends be assessed and comprehensively monitored; (2) manage data with respect to more caregivers than the Secretary expects to apply; (3) integrate with other relevant VHA IT systems; and (4) allow monitoring and assessment of data including the status of applications, appeals, and home visits and caregivers' use of support services such as respite care.

The OIG also considered the acting assistant secretary's additional technical comments and, as appropriate, incorporated changes based on evidence provided by OIT after the audit was completed. VA recommended the OIG change "two years" to "one year" in the following statement: "Due to the delays in implementing the system, program expansion was delayed by about two years." The OIG did not make this change because the acting assistant secretary certified CARMA's readiness on October 1, 2020, two years after the MISSION Act's statutory deadline of October 1, 2018, for the system implementation. Additionally, the acting assistant secretary recommended the OIG potentially clarify statements regarding the eligibility of veterans and caregivers to participate in the program. However, as the OIG was not referring specifically to the second phase of expansion, no changes were necessary. Appendix C provides the full text of the acting assistant secretary's comments.

Finding 2: CARMA Does Not Have the Appropriate Security Risk Categorization

OIT did not establish the appropriate security risk categorization for CARMA or fully assess the system's privacy vulnerabilities. CARMA's privacy threshold analysis, conducted by OIT's privacy officer, information system security officer, and information system owner, indicated the system collects protected health information and personally identifiable information on individuals, warranting a high-risk categorization.³⁷ Yet CARMA is hosted on Salesforce, a moderate-risk cloud environment. The National Institute of Standards and Technology (NIST) and VA Handbook 6500 determine the applicable security controls based on the risk level of the data in an information system.³⁸ Systems containing protected health information, such as CARMA, should be set at a risk security categorization level of high and include additional system controls. The analysis also required that a privacy impact assessment be conducted, but CARMA was deployed before an assessment was completed.

The lower security categorization was made for several reasons. VA's chief information officer recommended to VHA's former executive in charge to select Salesforce as the (moderate-risk) platform for CARMA based on Salesforce's reliability, scalability, interoperability, and total life cycle cost. However, OIT did not adequately consider the protected health information as part of its CARMA risk assessment determination. VHA, the information owner and steward, did not participate in assessing the security risk categorization of CARMA as required by NIST.³⁹ The lower categorization potentially jeopardizes the confidentiality, integrity, and availability of sensitive information available in CARMA related to veterans and their caregivers. Furthermore, OIT did not follow the required Veteran-focused Integration Process (VIP), which has more rigorous process steps and documentation mandates than the Development Operations (DevOps) process used to develop CARMA, resulting in fewer controls to prevent mismanagement and detect problems in their early stages.

³⁷ "Guide to Protecting the Confidentiality of Personally Identifiable Information," *NIST Special Publication 800-122*, April 2010. A privacy threshold analysis is required to identify IT systems that include sensitive personal information and other activities that otherwise affect the privacy of individuals and assess whether there is a need for a privacy impact assessment.

³⁸ Joint Task Force Transformation Initiative, "Security and Privacy Controls for Federal Information Systems and Organizations," *NIST Special Publication 800-53*, rev. 4, April 2013, includes updates as of Jan. 22, 2015; VA Handbook 6500, *Risk Management Framework for VA Information Systems – Tier 3: VA Information Security Program*, March 2015.

³⁹ Joint Task Force Transformation Initiative, "Risk Management Framework for Information Systems and Organizations: A System Life Cycle Approach for Security and Privacy." The information owner or steward is an organizational official with statutory, management, or operational authority for the specified information and the responsibility for establishing the policies and procedures governing its generation, collection, processing, dissemination, and disposal.

What the OIG Did

The audit team examined the security risk analysis and authority to operate Salesforce. The team also reviewed the security privacy threshold analysis and impact assessment for CARMA to determine if OIT identified and mitigated the risks associated with the system. Interviews included those with OIT's former deputy assistant secretary for DevOps, chief technology officer, information system security officer, privacy officer, and information system owner regarding CARMA's risk determination and authorization process. Team members also interviewed the Digital Service product manager and former director regarding the development of CARMA. Additional interviews were conducted with VHA's former deputy chief patient care services officer for care management, deputy and former national director of the Caregiver Support Program, Caregiver Support Program staff and support coordinators, the program officer for the Office of Community Care, and the national program manager and staff for the Caregiver Support Line.

CARMA Requires a High-Risk Platform

CARMA is hosted on a Salesforce platform—a moderate-risk, Federal Risk and Authorization Management Program (FedRAMP) cloud environment—instead of the FedRAMP high-risk cloud environment that the system requires.⁴⁰ FedRAMP states that the high-risk environment is for the government's most sensitive, unclassified data in cloud-computing environments.⁴¹ The data maintained in CARMA meet that criteria because the system contains protected health information, personally identifiable information, and other sensitive information. Use of Salesforce runs counter to OIT's analysis of alternatives in January 2019.⁴² That analysis led OIT to recommend that another company's platform for higher-risk information be implemented to meet the full evaluation criteria of the VHA Caregiver Support Program.

Instead, VA's chief information officer recommended to VHA's executive in charge at the time to move forward with Salesforce as the platform for CARMA, based on Salesforce's reliability, scalability, interoperability, and total life cycle cost documented in an analysis of alternatives. According to the analysis of alternatives, another platform met VA's criteria in all areas during the product demonstration. Of the assessed solutions, it possessed the strongest privacy and security protocols: FedRAMP high authorization and the best capabilities to meet the

⁴⁰ "FedRAMP," accessed April 17, 2020, <https://www.fedramp.gov/about>. The Federal Risk and Authorization Management Program is a U.S. government-wide program that provides a standardized approach to security assessment, authorization, and continuous monitoring for cloud products and services.

⁴¹ Joint Task Force Transformation Initiative, "Security and Privacy Controls for Federal Information Systems and Organizations."

⁴² The analysis of alternatives is a planning document enabling informed decisions for addressing IT needs or to assist in the design of a solution fitting unique requirements.

MISSION Act’s requirements. Salesforce was also considered a capable product offering, but it was outscored by the other platform’s higher FedRAMP authorization, as shown in table 4.

Table 4. OIG Comparison of VA’s Cloud Platforms

Criterion	Salesforce	Other platform
Cloud-deployable	Yes	Yes
Authority to operate within VA	Yes	Yes
Program business requirements met	Yes	Yes
VA MISSION Act of 2018 requirements met	Yes	Yes
FedRAMP-certified moderate	Yes	Yes
FedRAMP-certified high	No	Yes

Source: OIT’s analysis of alternatives for Caregiver Support Program expansion.

Likewise, the OIG’s analysis, based on NIST and VA Handbook 6500 requirements and the extensive amount of protected health information and personally identifiable information in the application, indicated that CARMA should have a security risk categorization of high and be hosted in the FedRAMP high-risk environment. A high-risk system maintains the same requirements as a moderate system but has additional controls including real-time alerts for responding to audit processing failures and backing up physical systems and components to protect audit information. Any system where “loss of confidentiality, integrity, or availability could be expected to have a severe adverse effect on organizational operations, organizational assets, or individuals” should have a security categorization level of high.⁴³

The security categorization for information type is based on the security objectives—confidentiality, integrity, and availability—for the system. The potential impact of each security objective could have a low (limited), moderate (serious), or high (severe or catastrophic) adverse effect on organizational operations, assets, or individuals. The lower security setting reduced the system’s security and access controls and potentially jeopardized the confidentiality, integrity, and availability of sensitive information related to veterans and their caregivers. For example, a moderate-risk system requires minimum security controls such as a response to audit processing failures and protection of audit information.

OIT Did Not Adequately Consider Protected Health Information in System Risk Determination

OIT’s privacy officer, information system security officer, and information system owner did not adequately consider the extensive amount of protected health information contained in CARMA

⁴³ NIST, “Standards for Security Categorization of Federal Information and Information Systems,” *Federal Information Processing Standards Publication 199*, Department of Commerce, February 2004.

when assessing the security categorization. Furthermore, VHA, the information owner and steward, did not participate in assessing the security categorization of CARMA as required by NIST.⁴⁴ According to NIST, information owners and stewards should provide input to system owners regarding the security controls and security requirements for the systems.

The audit team evaluated CARMA's privacy threshold analysis and privacy impact assessment used to assess the security categorization for CARMA. The analysis indicated CARMA is a privacy-sensitive system that collects protected health information and personally identifiable information. The analysis was approved October 18, 2019, and required that an assessment be conducted. The assessment is a process for identifying and mitigating privacy risks within an information system; should address risk at every stage of the system development life cycle; and is required before developing or procuring IT that collects, maintains, or disseminates information that is in an identifiable form. The assessment also demonstrates that the system owner, OIT, has incorporated privacy protections throughout the development life cycle of an IT system. Specifically, the assessment noted that CARMA would include names, social security numbers, dates of birth, tax identification, and medical record information such as consultation narratives and medical notes.

During a December 2019 site visit at the Rocky Mountain Regional VA Medical Center in Colorado, the audit team observed a live system demonstration showing that CARMA hosted sensitive personal information. The team observed caregiver support coordinators accessing local and nationwide records of veterans that contained personally identifiable information and protected health information. For example, records included veterans' social security numbers, dates of birth, military service histories, disability information, and disability ratings. OIT deployed the first phase of CARMA nationally on October 28, 2019, before the assessment was completed and approved.⁴⁵ Therefore, OIT did not use the assessment to help determine the risks and effects of collecting, maintaining, and disseminating personally identifiable information and protected health information using the system or to evaluate protections and alternative processes for handling information to mitigate potential privacy risks.

Federal Information Processing Standard Publication 199 establishes security categories for both information types and information systems.⁴⁶ These security categories are based on the potential impact on the organization should certain events occur that jeopardize the information and systems. In addition, security categories should be used in conjunction with vulnerability and

⁴⁴ Joint Task Force Transformation Initiative, "Risk Management Framework for Information Systems and Organizations: A System Life Cycle Approach for Security and Privacy."

⁴⁵ NIST, "Guide to Protecting the Confidentiality of Personally Identifiable Information." An assessment is necessary before developing or procuring IT systems.

⁴⁶ NIST, *Federal Information Processing Standard Publication 199*.

threat information in assessing risk. Both the privacy threshold analysis and privacy impact assessment should have been used to assess the risk security categorization for CARMA.

OIT Used Development Operations Instead of the Veteran-focused Integration Process

On January 14, 2016, VA's VIP became a requirement for the development and management of IT projects.⁴⁷ VIP is designed to streamline IT activities within the enterprise to increase efficiency.⁴⁸ The VIP framework was mandated for any project effort managed by OIT's Enterprise Program Management Office that touches the VA network unless a release is granted based on meeting 10 requisite capabilities. VIP provides direction, procedures, and processes that staff must follow for successful IT project management in VA.

NIST and VA policy require that a privacy impact assessment be completed prior to development and deployment of an IT system. VIP requires that technology and security requirements be defined, a process that includes conducting a privacy threshold analysis and a security impact analysis. The DevOps process does not have guidelines like those established in VIP to meet the NIST requirements.

However, OIT used DevOps instead of the required VIP framework to develop CARMA. According to the associate deputy assistant secretary for DevOps, OIT did so because officials felt DevOps was more advantageous. The officials said DevOps would enable OIT to deploy new systems and update existing systems faster and more frequently than VIP. Officials also thought it would lower costs by leveraging industry best practices and innovation.

When VA personnel want to use DevOps instead of VIP, they must meet 10 prerequisites and get approval by seeking a release from OIT. These prerequisites ensure the product has the people, processes, and tools in place to safely and efficiently operate under the DevOps model. When approved for use, the DevOps process is explicitly approved in place of VIP. Teams that have not met the required capabilities must use the VIP framework.

The OIG found the VA project team's request for approval to use DevOps for CARMA, submitted on April 1, 2019, did not meet two of the 10 prerequisites. Because all the prerequisites had not been met, the project team should have used the mandated VIP framework instead of the DevOps process. However, OIT began using the DevOps process in March 2019, four months before receiving approval from the former deputy assistant secretary to use DevOps in July 2019.

⁴⁷ VA Notice 16-01, Recession Notice, January 14, 2016.

⁴⁸ VA OIT, Veteran-focused Integrated Process Guide 3.2, December 2018, VIP allows more frequent delivery of essential IT services, minimal oversight processes, enhances the ability to track and monitor IT performance and strengthens management oversight and accountability.

By electing to use the DevOps process, the project team eliminated many of the process steps and documentation requirements of VIP. The audit team counted 114 documentation requirements that were bypassed, including the privacy impact assessment, which DevOps does not require. While OIT conducted a privacy threshold analysis and privacy impact assessment, the analyses were not done as required before developing or procuring IT systems and resulted in the system development being started and hosted on a medium-risk platform before the system risk was adequately evaluated.⁴⁹

Finding 2 Conclusion

Given the sensitivity of veteran and caregiver information maintained in CARMA, stricter system security controls are needed to reduce risks of unauthorized use or disclosure. The confidentiality, integrity, and availability of protected health information, personally identifiable information, and other sensitive information require greater protections. The audit team determined the CARMA risk security categorization level should have been set at high. As the DevOps process does not have guidelines like those in VIP to meet the NIST requirements, VA should establish policies and responsibilities for managing future IT projects under DevOps.

Recommendations 3–4

The OIG made two recommendations to the acting assistant secretary for information and technology:

3. In conjunction with the acting under secretary for health, reevaluate the risk determination for the Caregiver Record Management Application and determine if the system should be set to a security categorization level of high based on the personal health information and other sensitive data maintained therein.
4. Establish VA-wide policies and responsibilities for managing VA information technology projects under the Development Operations process.

VA Management Comments

The acting assistant secretary for information and technology and chief information officer concurred with recommendations 3 and 4, provided an acceptable action plan for each, and requested closure for these recommendations. For recommendation 3, the acting assistant secretary stated the Cyber Security Technology and Metrics Team reevaluated CARMA's data security categorization and determined it should remain at moderate. In response to recommendation 4, the acting assistant secretary stated VA has policies that comply with the

⁴⁹ NIST, "Guide to Protecting the Confidentiality of Personally Identifiable Information;" VA Handbook 6508.1, *Procedures for Privacy Threshold Analysis and Privacy Impact Assessment*, July 2015. The NIST guide and the handbook require that the assessment be conducted before developing or procuring IT systems.

Federal Information Technology Acquisition Reform Act and conducts Agile Center of Excellence reviews for all IT projects under the Development Operations process. The acting assistant secretary also stated the IT Governance Framework, which includes the establishment of an IT Investment Board and IT Investment Council, monitors project performance.

OIG Response

Responsive action plans were provided for both recommendations. Although the acting assistant secretary requested closure of the recommendations, the OIG will consider recommendation 3 open until OIT provides documentation to the OIG that CARMA meets the security objectives for data confidentiality, integrity, and availability. This includes providing the Cyber Security Technology and Metrics Team November 29, 2019, and November 5, 2020, data security categorization package, assessment, and recommendation for a moderate security risk categorization. Recommendation 4 will remain open until OIT provides the VA Secretary's signed charters for the IT Investment Board and IT Investment Council. Appendix C provides the full text of the acting assistant secretary's comments.

Appendix A: Background

High-Level Timeline of Key Program IT System Events

The following timeline outlines some of the steps and reported problems in VA's implementation of an IT solution for the Family Caregivers Program.

2010

- The Family Caregivers Program, authorized by Title I of Public Law 111-163, provided education and training, respite care, mental health services, beneficiary travel, a monthly stipend payment, and access to health care for family caregivers of qualified veterans who incurred serious injuries, including traumatic brain injury, psychological trauma, or other mental health disorder, or aggravated those injuries in the line of duty on or after September 11, 2001.

2011

- VHA deployed CAT.

2012

- A modification was made to the existing Veterans Services Network contract to integrate caregivers' stipend payments in the Veterans Services Network awards system. However, the effort was canceled in 2013 without delivery of a stipend solution.

2015

- OIT and VHA began working on a two-tracked approach to modernize the CAT system—CAT Rescue and CareT.
- The CAT Rescue contract was awarded to Systems Made Simple. CAT Rescue was designed to be a short-term solution to fix the CAT software, improve security, and move the database from the Health Eligibility Center to the Information Technology Center in Austin, Texas.
- The CareT contract was awarded to ManTech. CareT was identified as the long-term, cloud-based solution replacing all CAT functionality. Issues with obtaining authority to operate certifications delayed work at the Austin Information Technology Center until August 2016.

2017

- After the CareT contract ended, no work was done on the database or the portal because the CAT data migration was not available from Systems Made Simple. ManTech

determined that only 80 percent of the application was developed, and there was also a lack of funding.

- A new CareT contract was awarded to AbleVets in anticipation of the delivery of the CAT Rescue database. From March 2017 to February 2018, departures of key leaders, such as the program manager, portfolio deputy director, portfolio director, and executive director, contributed to project slippage because of loss of oversight and continuity.

2018

- The CAT Rescue contract ended. AbleVets assumed responsibility under the CareT contract for database migration and acquired the System Made Simple/Leidos database resource.
- The MISSION Act was signed into law on June 6, 2018—Public Law 115-182.
- The first MISSION Act milestone was missed. No later than October 1, 2018, VA was required to implement an IT system that fully supported the Family Caregiver Program and allowed for data assessment and comprehensive monitoring of the program.
- User acceptance testing began for CareT.

2019

- CareT user acceptance testing was paused on January 3, 2019, by the chief information officer in agreement with VHA's former executive in charge. At the time, 111 unresolved critical defects had been reported.
- The CareT project ended and work began on CARMA to develop the requirements in Salesforce with leadership from VA's Digital Service.
- The CARMA contract was awarded to Acumen Solutions.
- The second MISSION Act milestone was missed. VA notified Congress that CARMA would not be certified by the October 1, 2019, deadline.
- Phase 1 of CARMA was implemented nationally in October 2019, and the migration of data from CAT to CARMA was completed in December 2019.

2020

- Phase 2 of CARMA, stipend payments, was completed in April 2020.
- VA's Secretary certified CARMA on October 1, 2020. Certification included the completion of CARMA phase 3.

Prior OIG Reports

The OIG has issued three reports examining the program since August 2014:

- In the *Audit of Comprehensive Assistance for Family Caregivers: Timely Discharges, but Oversight Needs Improvement*, Report No. 18-04924-112, July 25, 2019, the OIG determined caregiver support coordinators did not discharge from the program veterans and caregivers within required time frames in only about 6 percent of the cases the audit team reviewed. While infrequent, these delayed discharges caused VHA to pay at least \$356,000 in improper and questionable caregiver stipends. If program controls are not improved, VHA could pay an estimated \$583,000 over five years in improper stipends when a veteran or caregiver dies. The OIG made recommendations to establish processes to conduct quarterly matching of the records of enrolled veterans and their caregivers against VA's death, incarceration, and hospitalization data; outline the program's roles and responsibilities for promptly notifying caregiver support coordinators of deaths; and institute a program working group to clarify inconsistencies and gaps in program guidance.
- In the *Audit of the Program of Comprehensive Assistance for Family Caregivers: Management Improvements Needed*, Report No. 17-04003-222, August 16, 2018, the OIG determined VHA discharged veterans without consistently monitoring their health conditions. Clinicians and caregiver support coordinators either did not adequately document the extent to which veterans' health conditions changed in their electronic health records or failed to routinely monitor these veterans and their caregivers prior to the clinical reassessment that led to their discharge from the program. In total, the OIG questioned about \$41.6 million that VHA paid to caregivers of veterans discharged from the program from January through September 2017 because the required monitoring to determine ongoing eligibility for the program was not performed. The OIG made recommendations related to eligibility determinations, monitoring, staffing, and governance. All recommendations for this report have been implemented and closed.
- In *Healthcare Inspection: Deficiencies in the Caregiver Support Program, Ralph H. Johnson VA Medical Center, Charleston, South Carolina*, Report No. 14-00991-255, August 21, 2014, the OIG substantiated the allegation that an interdisciplinary team had not appropriately assessed many veterans during the application process. Facility leadership did not designate an interdisciplinary Caregiver Support Program team or develop a comprehensive assessment process until February 2014. As of January 27, 2014, more than 200 patients were awaiting Caregiver Support Program eligibility screening, with 164 of them waiting longer than the 45-day requirement. The OIG found the facility had placed a hold on all new applications while it addressed the care and monitoring of active participants in the program. The OIG also found that Caregiver Support Program staff did not conduct 90-day and annual follow-up visits. The

OIG found staffing was not sufficient to address the volume of work. Therefore, caregivers received stipends without confirmation that the patients and caregivers met program requirements. The OIG made recommendations to the facility director regarding eligibility assessments, timeliness of application processing, and in-home monitoring reviews. The OIG considers these recommendations closed.

Prior GAO Reports on the Family Caregiver Program

GAO has issued two reports with references to VA's efforts to develop an IT system to support the program:

- In *Actions Needed to Improve Family Caregiver Program*, GAO 19-618, September 2019, GAO reported VA did not have an IT system that fully supported MISSION Act requirements, did not have adequate staffing, and did not have a process to collect staffing data for the Family Caregiver Program. Specifically, the development of a replacement IT system lacked clear requirements and stable leadership to deliver improvements to CAT. Furthermore, GAO expressed concern that CARMA, the most recent IT system development, would not be successfully implemented based on past failures for both CAT Rescue and the CareT.
- In *Actions Needed to Address Higher-Than-Expected Demand for the Family Caregiver Program*, GAO-14-675, September 2014, GAO reported that VHA did not have enough staff to manage the responsibilities needed to support the Family Caregiver Program. In addition, the National Caregiver Support Program Office did not have ready access to the type of workload data that would allow it to monitor the effects of the program on VHA medical facilities' resources due to limitations with the program's CAT information system. This occurred because VHA significantly underestimated how quickly the program would grow. GAO recommended VA expedite the process for implementing a new information system that would enable officials to obtain workload data. GAO also recommended VHA identify solutions to alleviate medical facilities' workload burden in advance of obtaining a new IT system, and use data from the new IT system, once implemented, and other relevant data, to reassess the program and implement changes as needed.

Appendix B: Scope and Methodology

Scope

The OIG performed its audit work from October 2019 through October 2020 to evaluate VA's efforts to implement an IT system that fully supports the program, including schedule and system performance objectives specified by the MISSION Act, and to assess IT system development costs.

Methodology

To gain an understanding of the program, the OIG examined Public Law 111-163; Caregivers and Veterans Omnibus Health Services Act of 2010; section 1720G of title 38 of the United States Code, "Assistance and Support Services for Caregivers;" and the VA MISSION Act of 2018. The OIG also examined briefings and presentations provided by VA to Congress regarding meeting the MISSION Act's requirements for a new IT system. In addition, the OIG examined the security risk analysis and authority to operate for Salesforce and the security privacy threshold analysis and impact assessment for CARMA to determine if OIT identified and mitigated risks associated with the system. Furthermore, the OIG examined relevant contracts and project costs for the program IT systems. The OIG conducted interviews with OIT's former deputy assistant secretary for DevOps, chief technology officer, information system security officer, privacy officer, and information system owner regarding CARMA's risk determination and authorization processes. The OIG also interviewed the Digital Service's product manager and former director regarding the development of CARMA. In addition, the OIG interviewed VHA's former deputy chief of patient care services, deputy and former national director of the Caregiver Support Program, Caregiver Support Program staff and support coordinators, the program officer for the Office of Community Care, and the national program manager and staff for the Caregiver Support Line.

Internal Controls

The OIG determined that internal controls were significant to the audit objective. The OIG assessed the internal controls of OIT and VHA as applicable to the audit objective. This included an assessment of the five internal control components for each of the two entities, including control environment, risk assessment, control activities, information and communication, and monitoring. In addition, the OIG reviewed the principles of internal controls associated with the audit objective. The OIG identified four components and four principles as significant to the audit objective and identified internal control weaknesses and proposed recommendations specifically related to findings 1 and 2.

- Component 1: Control Environment, Principle 5—Management should evaluate performance and hold individuals accountable for their internal control responsibilities.
- Component 2: Risk Assessment, Principle 9—Management should identify, analyze, and respond to significant changes that could impact the internal control system.
- Component 3: Control Activities, Principle 11—Management should design the entity’s information system and related control activities to achieve objectives and respond to risks.
- Component 5: Monitoring Activities, Principle 17—Management should remediate identified internal control deficiencies on a timely basis.

Fraud Assessment

The audit team assessed the risk that fraud and noncompliance with provisions of laws, regulations, contracts, and grant agreements, significant within the context of the audit objectives, could occur during this audit. The team exercised due diligence in staying alert to any fraud indicators by

- soliciting the OIG’s Office of Investigations for indicators, and
- reviewing proposals to ensure they met selection requirements

The OIG did not identify any instances of fraud or potential fraud during this audit.

Data Reliability

The OIG obtained electronic spreadsheets that contained vendor contract numbers and payment data associated with the Caregiver IT projects and traced the payment data contained in the spreadsheets to supporting documentation. Therefore, the data from the electronic spreadsheets’ payment data were reliable for their intended purposes and used to support conclusions in the audit report. The OIG also obtained an electronic spreadsheet from VA’s National Center for Veterans Analysis and Statistics website—VETPOP2018 Living Veterans by Period of Service, Gender, 2018-2048. This information was used to determine an estimated number of pre-9/11 veterans eligible to participate in the Family Caregiver Program as of October 1, 2020.

Government Standards

The OIG conducted this performance audit in accordance with generally accepted government auditing standards. 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 the audit objectives. The OIG believes the evidence obtained provides a reasonable basis for the findings and conclusions based on the audit objectives.

Appendix C: Management Comments

Department of Veterans Affairs Memorandum

Date: March 23, 2021

From: Acting Assistant Secretary for Information and Technology and Chief Information Officer (005)

Subj: OIG Draft Report, Audit of Program of Comprehensive Assistance for Family Caregivers: IT System Development Challenges Affect Expansion - Project Number 2020-00178-DV-0001

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

Thank you for the opportunity to review the Office of Inspector General (OIG) draft report, "Audit of Program of Comprehensive Assistance for Family Caregivers: IT System Development Challenges Affect Expansion." The Office of Information and Technology submits the attached written comments.

<i>The OIG removed point of contact information prior to publication.</i>

(Original signed by)

Dominic Cussatt

Attachment

Office of Information and Technology
Comments on OIG Draft Report,
Program of Comprehensive Assistance for Family Caregivers: IT System
Development Challenges Affect Expansion

VA appreciates the discussions with OIG and the opportunity to provide comments on an initial draft report in January of this year, demonstrating that functionality within CARMA meets the requirements set forth in section 162 of the VA MISISON Act of 2018. However, VA continues to have concerns with some of OIG's findings and other statements in the draft report dated 3/3/2021. Contrary to what is stated in the draft report, VA always planned and intended for CARMA to include functionalities to meet the requirements of section 162 of the VA MISSION Act of 2018 (MISSION Act). VA's October 1, 2020, certification of this IT system readiness demonstrates achievement in delivering these plans. If VA was not clear in its communication of such intent, we wish to offer such clarification at this time. Technical comments on these and other statements in the draft report are listed here.

Technical Comments to Draft Report, Dated 3/3/2021

Page i, paragraph 3: Due to the delay in implementing the IT system, the Family Caregiver Program is still in its first phase of expansion.

Page 1, paragraph 4: Due to the delay in implementing the IT system, the Family Caregiver Program is still in its first phase.

VA Comment: VA would still be in the first phase of expansion in March 2021 had the certification been provided on Oct. 1, 2019, as was contemplated in section 162(d)(3) of the MISSION Act. Pursuant to 38 U.S.C. 1720G(a)(2)(B)(ii), the first phase of expansion consists of the two-year period beginning on the date of certification. A more accurate statement would be: "Due to the delay in implementing the IT system, the first phase of expansion of the Family Caregiver Program began on Oct. 1, 2020, instead of Oct. 1, 2019, as was contemplated in the VA MISSION Act of 2018." VA recommends OIG delete or revise the above statements accordingly.

Page i, paragraph 3 to page ii, paragraph 1: The OIG estimated that there are about nine million veterans who served on or before May 7, 1975, which is the group identified in the act for inclusion in the first phase.⁴ Veterans who incurred or aggravated a serious injury in the line of duty on or before this date and meet other requirements may be determined eligible.

Page 1, paragraph 4 to page 2, paragraph 1: The OIG estimated that there are about nine million veterans who served on or before May 7, 1975, which is the group identified in the act for this first phase.¹⁹ Veterans who incurred or aggravated a serious injury in the line of duty on or before this date and meet other requirements may be determined eligible.

VA Comment: As drafted, these statements could be read to suggest that nine million Veterans who served on or before May 7, 1975 will be eligible for PCAFC in the first phase of expansion. VA recommends deleting ", which is the group identified in the act for inclusion in the first phase" and ", which is the group identified in the act for this first phase" on pages i and 2, respectively. These edits would make clear that only a subset of OIG's estimated nine million Veterans will be determined eligible for PCAFC. As explained in the sentences that follow (pasted above), under the first phase of expansion, PCAFC is expanded to eligible Veterans who incurred or aggravated a serious injury in the line of duty on or before May 7, 1975 (not just those who served on or before May 7, 1975).

Page ii, paragraph 2 and page 2, paragraph 2: The OIG estimated that about six million additional veterans served between May 8, 1975, and September 10, 2001, which is the group identified in the act for further program consideration.[] As with phase 1, if veterans incurred or aggravated a serious injury in the line of duty during this time period and are determined eligible, they and their caregivers may then be able to participate in the program.

VA Comment: As drafted, these statements could be read to suggest that six million Veterans who served between May 8, 1975, and September 10, 2001 will be eligible for PCAFC in the second phase of expansion. VA recommends deleting ", which is the group identified in the act for further program consideration" on pages ii and 2. These edits would make clear that only a subset of OIG's estimated six million Veterans will be determined eligible for PCAFC. As explained in the second sentence pasted above, under the second phase of expansion, PCAFC will be expanded to eligible Veterans who incurred or aggravated a serious injury in the line of duty after May 7, 1975 and before September 11, 2001 (not just those who served within those dates).

Page ii, paragraph 3: In an October 2018 report to Congress, former VA Secretary Robert Wilkie expressed concern about the mandated expansion of program eligibility and the scope of its services.

Page 4, paragraph 1: Former VA Secretary Robert Wilkie expressed concern in an October 2018 report about the MISSION Act's mandated expansion of eligibility and the scope of services.

VA Comment: As VA noted in its Jan. 2021 technical comments to OIG, VA was not able to find language in the referenced report that expresses concern about expansion of program eligibility or the scope of PCAFC services separate from the Oct. 1, 2018 timeline for implementation. The report said, "Due to the MISSION Act's expansion of eligibility and scope of services for PCAFC, the legislation's October 2018 deadline for completing the expanded IT system, by scaling CareT to meet the additional volume and implement updated business rules, is not feasible." VA recommends revising these statements to instead say: "An October 2018 report to Congress provided an update on VA's implementation of the IT system required by section 162 of the MISSION Act." This would avoid a potential misinterpretation of the Secretary's statement.

Page iv, paragraph 1: VA's plan for completing the deployment of CARMA did not include all the functionalities that the MISSION Act requires.

Page 9, paragraph 3, and page 14, paragraph 3: VA's plans for completing the deployment of CARMA at the time of the OIG audit did not include all the functionalities that the MISSION Act requires.

VA Comment: VA disagrees with these statements, as VA always planned and intended for CARMA to include functionalities to meet the MISSION Act requirements. VA's plan for completing the deployment of CARMA at the time of the OIG audit did include all the functionalities that the MISSION Act requires to include using the system to monitor and assess the workload of the Program, including monitoring and assessment of data on the status of applications, appeals and home visits in connection with the Program, and the use by caregivers participating in the Program of other support services under the Program such as respite care.

It is clear that VA did not effectively communicate to OIG the plan and measures underway to meet these requirements, specifically pertaining to appeals, and appreciates the opportunity to redress this miscommunication. Appeal information, including the reason for appeal, date of appeal, outcome of appeal and date of appeal outcome, is information that was captured within the Caregiver Application Tracker (CAT). These data fields were always intended to be maintained within CARMA, with some added levels of detail, and such fields were deployed as part of Release 1 in October 2019. In parallel to improving appeal information captured within the Caregiver Support Program IT system, the Caregiver

Support Program began working with the system owner of the Patient Advocate Tracking System (PATS) in 2017 to pursue enhancements to PATS, inclusive of capturing the outcome of PCAFC appeals. Outcome fields were successfully deployed within PATS-R in June 2020.

VA recommends OIG delete the above statements from the report, as there is insufficient evidence in the report to support such a conclusion, particularly in light of additional information VA has provided to OIG.

Page iv, paragraph 1: VA planned to rely on or integrate other systems to provide some of the system's functionalities, instead of re-creating them in CARMA. These included the capacity to capture data and report on caregivers participating in other support services such as respite care, and on the outcome of veterans' appeals of program decisions.

Page 9, paragraph 3: VA plans to rely on or integrate other systems to provide some of the system's functionalities, instead of re-creating them in CARMA. These include the capacity to capture data and report on caregivers participating in other support services such as respite care, and on appeal outcomes.

VA Comment: The above statements do not support OIG's finding that "VA's plan for completing the deployment of CARMA did not include all the functionalities that the MISSION Act requires." This is because section 162 of the MISSION Act specifically contemplated and required the IT system to have the ability to integrate with other relevant VHA IT systems (sec. 162(a)(2)(C)). Additionally, the MISSION Act did not require the IT system to "capture data and report on caregivers participating in other support services such as respite care, and on the outcome of veterans' appeals of program decisions." Instead, section 162(c) of the MISSION Act required the Secretary to "use the system" to monitor and assess PCAFC workload, including "monitoring and assessment of data on—(A) the status of applications, appeals, and home visits in connection with the Program; and (B) the use by caregivers participating in the Program of other support services under the Program such as respite care."

Page iv, paragraph 2: At the time of the audit, according to the Veterans Health Administration's (VHA) former deputy chief officer for patient care services, VHA would not be able to effectively report to Congress about appeals unless the Patient Advocate Tracker System—which captures information on veterans' appeals of all VHA decisions including those related to the program—was integrated into CARMA.

Page 9, paragraph 3: Yet according to VHA's former deputy chief patient care services officer, VHA will not be able to effectively report to Congress about veterans' appeals of program decisions unless the Patient Advocate Tracker System—which is used to capture information on appeals of VHA decisions including those related to the program—is integrated into CARMA.

VA Comment: This comment was based on the premise that modifications to the Patient Advocate Tracking System – Replacement (PATS-R), the authoritative source for appeal documentation in VHA, would not be imminently made. This comment was not due to a lack of ability for appeal information to be captured within CARMA, but rather PATS-R did not capture outcome of appeals at the time the comment was made. While not VHA's authoritative source for appeal documentation, CARMA did indeed capture appeal information as of October 2019, which allowed VA to monitor and assess data on the status of PCAFC appeals (as required by section 162(c)(1)(A) of the MISSION Act). In addition, changes were made to PATS-R in June 2020, allowing appeal outcomes to be captured in PATS-R.

Page iv, paragraph 2 to page v, paragraph 1: Also, according to VHA's clinical nurse executive for the Office of the Deputy Under Secretary for Health Policy and Services and VA's senior product strategist for VA's Digital Service, CARMA would have some of the functionalities that the MISSION Act requires, such as the ability to generate reports on the status of veterans' applications, required quarterly monitoring sessions with participants, and the completion of required annual visits to participants homes.

Page 9, paragraph 3: According to VHA's clinical nurse executive for the Office of the Deputy Under Secretary for Health Policy and Services and VA's senior product strategist for VA's Digital Service, CARMA has some of the functionalities the MISSION Act requires, such as the ability to generate reports on the status of veterans' applications, required quarterly monitoring sessions of participants, and the completion of required annual visits to participants.

VA Comment: We reiterate that VA always planned and intended for CARMA to include functionalities to meet the MISSION Act requirements, and as of October 1, 2020, all such requirements were achieved.

Page 3, paragraph 2: The IT system must be able to (1) manage data in excess of the anticipated number of caregivers; (2) integrate with other relevant VA IT systems; (3) generate reports on caregivers' use of support services and resources such as respite care; and (4) generate program workload reports.

VA Comment: Under the heading "IT Requirements under the VA MISSION Act of 2018," this sentence purports to capture the requirements of the MISSION Act. However, the elements listed are not an accurate reflection of the requirements in section 162 of the MISSION Act, and VA recommends this statement be revised or removed. Section 162 of the MISSION Act requires that the IT system have the ability to (1) manage data with respect to a number of caregivers in excess of the anticipated number of caregiver applicants; (2) integrate with other relevant VHA IT systems; and (3) easily retrieve data that will allow all aspects of the Program (at the medical center and aggregate levels) and the workload trends for the Program to be assessed and comprehensively monitored.

Page 3, Table 1:

Table 1. VA MISSION Act's IT Requirements

Requirement	Due date	Status
The VA Secretary shall implement an IT system that fully supports the Family Caregiver Program and allows for data assessment and comprehensive monitoring.	October 1, 2018	Completed October 1, 2020
The VA Secretary shall, through the under secretary for health, use data from the system and other relevant data to assess how key aspects of the Family Caregiver Program are structured and carried out.	March 30, 2019 (180 days after implementation)	Not complete
The Secretary shall use the system to monitor and assess the workload of the program, including monitoring and assessing data on the status of applications, appeals, and home visits in connection with the program; and the use by caregivers participating in the program of other support services under the program, such as respite care.	N/A*	Not complete
The Secretary shall submit to the Committee on Veterans' Affairs of the Senate, the Committee on Veterans' Affairs of the House of Representatives, and the Comptroller General a report on implementation.	October 1, 2019	Completed October 1, 2020

Source: VA OIG analysis of MISSION Act of 2018.

** System plans, as described in the October 2018 Initial Congressional Report on Implementation of Information Technology System of VA to Assess and Improve the Family Caregiver Program, are not designed to meet these requirements.*

VA Comment: Due to the elapse of time, VA suggests revising the column labeled "Status" to reflect "Status as of 10/1/2020".

Also, the due date for the assessment required by section 162(b) is 180 days after implementing the IT system required by section 162(a). If VA had implemented the IT system on Oct. 1, 2018, then the assessment would have been required by March 30, 2019; however, because the IT system was implemented on October 1, 2020, the due date for the assessment is March 30, 2021. VA recommends OIG update the due date for the assessment.

Finally, it's unclear how OIG reached the conclusion set forth in the footnote designated by an asterisks, or why VA's plans for CareT (if that's what is being referenced) would be relevant given the work that took place after the Oct. 2018 report to ensure the IT system met the requirements of the MISSION Act.

Page 8, paragraph 2: During the audit, the team determined that CARMA, the new IT system implemented to meet the requirements of the MISSION Act, did not have the functionality to capture data on veterans' appeals of program decisions and their outcomes.

VA Comment: PCAFC appeal information including reason for appeal and outcome of appeal was available in CARMA as of October 2019. Please see additional discussion above and evidence provided by VA to OIG in January 2021. VA cannot dispute the team's determination at the time of the audit, but believes that subsequent information VA provided to OIG makes clear that CARMA meets the requirements of the MISSION Act, and that VA has the ability to use CARMA to monitor and assess data on the status of PCAFC appeals, as required by the MISSION Act. VA recommends OIG update the report to make clear that CARMA meets the requirements of MISSION Act. This could be accomplished by providing an overview of the information VA provided to OIG in Jan. 2021.

Page 8, paragraph 2: As planned, veterans' clinical data related to caregivers' use of program services such as respite care also cannot be captured by CARMA.

VA Comment: Information about provision of clinical services is made within the electronic health record. Data from CARMA is used to establish the cohort approved for PCAFC and the dates the Veteran and Family Caregiver were active in PCAFC. This data can be matched against authoritative sources for clinical information, to assess the use of such services by the selected cohort while active in PCAFC.

As drafted, the above statement suggests that CARMA is somehow deficient; however, the MISSION Act did not require the new IT system to capture "veterans' clinical data related to caregivers' use of program services such as respite care." Instead, section 162(c) of the MISSION Act required the Secretary to "use the system" to monitor and assess PCAFC workload, including "monitoring and assessment of data on— (A) the status of applications, appeals, and home visits in connection with the Program; and (B) the use by caregivers participating in the Program of other support services under the Program such as respite care."

As stated above, VA recommends OIG update the report to make clear that CARMA meets the requirements of MISSION Act. This could be accomplished by providing an overview of the information VA provided to OIG in Jan. 2021.

Page 9, paragraph 1: Due to the delays in implementing the system, program expansion was delayed by about two years.

VA Comment: VA recommends changing "two years" to "one year." The MISSION Act contemplated that VA's final report, due no later than Oct. 1, 2019, would include the Secretary's certification that the IT system was implemented. Pursuant to 38 U.S.C. 1720G(a)(2)(B), the first phase of expansion begins on the date the Secretary submits the certification to Congress. The certification was submitted on Oct. 1, 2020 – one year after the Oct. 1, 2019 due date for the final report in section 162(d)(3).

Page 9, paragraph 1: Potentially millions of veterans and caregivers who have been waiting to be considered for participation in the benefits program are still facing delays.

Page 14, paragraph 3: Due to these delays, the much broader group of veterans and their caregivers who meet the eligibility criteria to participate in the program are still waiting for the MISSION Act's promise of inclusion for eligible veterans of all eras to be realized.

VA Comment: If these statements are referring to Veterans and caregivers seeking to apply for PCAFC in the second phase of expansion, VA recommends OIG revise the sentences to make that clear. As noted above, VA would still be in the first phase of expansion in March 2021 had the certification been provided on Oct. 1, 2019, as was contemplated in section 162(d)(3) of the MISSION Act. Phase 1 of expansion began on Oct. 1, 2020, at which time PCAFC expanded to eligible Veterans who incurred or aggravated a serious injury in the line of duty on or before May 7, 1975. By statute, VA cannot begin phase 2 of expansion until two years after the beginning of phase 1. A more accurate statement would be: "Due to the delay in implementing the IT system, the second phase of expansion of the Family Caregiver Program will begin on Oct. 1, 2022, instead of Oct. 1, 2021, as was contemplated in the VA MISSION Act of 2018.

Page 10, paragraph 2: Integration was accomplished when VA completed phase 1 of CARMA in December 2019, which included the migration of data from CAT and the Caregiver Support Line integration. The support line serves as a primary resource and referral center to assist caregivers, veterans, and others seeking caregiver information. The integration allows CARMA to capture referrals, track participants, and generate correspondence with caregivers about enrollment and registration.

VA Comment: The reference to the Caregiver Support Line appears to be out of context and we wish to clarify:

- The CSL is not integrated with CARMA rather is a part of CARMA, as it was a part of CAT.
- VHA is unclear what is meant by "track participants" as it relates to CSL.
- The CSL does not generate correspondence with caregivers about enrollment and registration.

Page 10, paragraph 3 and Table 3 on pages 10-11: Table 3 shows VA's high-level list of critical functionalities for CARMA it developed to meet MISSION Act requirements at the time of the OIG audit.

VA Comment: Table 3 is not an accurate reflection of the functionalities developed to meet MISSION Act requirements. Rather, the 10 functions referenced and listed in Table 3 were part of a working list of functions which was intended to be iteratively refined as the CARMA system was developed. While some of the systems and functions listed were needed to meet the requirements of the MISSION Act and were implemented, some integrations and corresponding functionality were modified or alternate systems were identified. Some of the functions not needed to meet the requirements of the MISSION Act were deprioritized throughout the discovery, elaboration and development process to avoid unnecessary delay in VA's certification.

While this table as written was an accurate working list at a point in time, components are no longer current or accurate. VA is concerned that inclusion of this version of the table could lead to confusion amongst the public as it is neither reflective of CARMA's current functionality nor what was necessary to meet MISSION Act requirements. VA requests removal of this table from the report, or that OIG add information to clarify (e.g., in a footnote) that this table reflects a working list at a point in time and is not reflective of functionality in place today.

OIG Recommendations and VA Comments

OIG Recommendation 1:

The acting Assistant Secretary for Information and Technology, in conjunction with the acting under secretary for the Veterans Health Administration, establish policies and procedures for joint governance by OIT and program offices on all information technology projects to ensure such efforts will provide an adequate return on investment and effectively achieve program objectives.

Comments: Concur. OIT has institutionalized an IT Governance Framework successfully over the past two years; this third year has included maturing the framework by establishing an IT Investment Board (ITIB) and an IT Investment Council (ITIC) which brings together our Business and Mission Partner to review IT Investments. The Inaugural meeting was held November 2020 with an investment review of Office of Community Care portfolio; which included each products status and future roadmap of applications. The charters for both the ITIB and the ITIC are being routed for VA Secretary Signatures and has already received sign off from Office of Enterprise Integration and Office of General Counsel. In addition, the OIT established FITARA review processes within Governance; the Acquisition Strategy Review (ASR) Executive Working Group meets every Thursday of each week (minutes attached). In addition, in 2019, the OIT stood up the Initial Baseline Review and Program Management Reviews process; this process includes a TechStat review and a Lightweight Independent Technical Assessment (LITA) review process which is woven into our IT Governance Framework and documented within our Process Asset Library (attached memo). Recommend closure based on the actions taken by VA.

Target Completion Date: Complete.

OIG Recommendation 2:

The acting Assistant Secretary for Information and Technology, require the Office of Information and Technology to develop controls for making certain the Program Management Review process is consistently enforced for future information technology projects to deliver and sustain the intended outcomes and to ensure underperforming projects are identified for evaluation by the Program and Acquisition Review Council.

Comments: Concur. OIT has institutionalized an IT Governance Framework successfully over the past two years; this third year has included maturing the framework by establishing an IT Investment Board (ITIB) and an IT Investment Council (ITIC) which brings together our Business and Mission Partner to review IT Investments. The Inaugural meeting was held November 2020 with an investment review of Office of Community Care portfolio; which included each products status and future roadmap of applications. The charters for both the ITIB and the ITIC are being routed for VA Secretary Signatures and has already received sign off from Office of Enterprise Integration and Office of General Counsel. In addition, the OIT established FITARA review processes within Governance; the Acquisition Strategy Review (ASR) Executive Working Group meets every Thursday of each week (minutes attached). In addition, in 2019, the OIT stood up the Initial Baseline Review and Program Management Reviews process; this process includes a TechStat review and a Lightweight Independent Technical Assessment (LITA) review process which is woven into our IT Governance Framework and documented within our Process Asset Library (attached memo). Recommend closure based on the actions taken by VA.

Target Completion Date: Complete

OIG Recommendation 3:

The acting Assistant Secretary for Information and Technology, in conjunction with the acting under secretary for the Veterans Health Administration, reevaluate the risk determination for the Caregiver

Record Management Application and determine if the system should be set to a security categorization level of high based on the personal health information and other sensitive data maintained therein.

Comments: Concur. Considering the OIG findings questioning this security risk categorization, the Cyber Security Technology and Metrics (CTM) Team, re-evaluated the CARMA data security categorization (DSC). The re-evaluation was completed on November 5, 2020, and the determination was that the CARMA DSC remain at moderate. Recommend closure based on the actions taken by VA.

Target Completion Date: Complete

OIG Finding 2 - CARMA Does Not Have the Appropriate Security Risk Categorization: (Page 16, paragraph 1-2)

Comments: OIT conferred with VA and Salesforce security Subject Matter Experts (SME) to respond to this finding. The security SMEs confirmed that the moderate level of security categorization is appropriate for CARMA. The CARMA application exists on Salesforce, a multi-tenant platform. Salesforce, which provides the standard FedRamp package, was deemed appropriate for CARMA based on the DSC, initially completed on November 29, 2019, and completed for a second time on November 5, 2020.

The DSC was conducted by the Office of Information Security (OIS) CTM Team based on inputs from the business stakeholders. Based on the information provided by the business, CTM examined CARMA information types against the National Institute of Standards and Technology (NIST) provisional impact levels. CTM utilized NIST Special Publication 800-60 volumes 1 & 2 as guidance. The Information Type / Data Categorization Matrix used was based on the Veteran-focused Integration Process (VIP): Security Guide IT Security Engineering Information Type Identification and System Categorization Standard Operating Procedure. CTM assessed impact levels for CARMA information types, including personal identity and authentication information, payments information, health care administration, and access to care, all of which were found to be either low or moderate. Following their assessment, CTM recommended a moderate security risk categorization to meet security objectives for data confidentiality, integrity, and availability. Additional information on this assessment may be found in the CARMA DSC.

OIG Recommendation 4:

The acting Assistant Secretary for Information and Technology establish VA-wide policies and responsibilities for managing VA information technology projects under the Development Operations process.

Comments: Concur. The VA currently has policies that operate the Federal IT Acquisition Reform Act (FITARA) and conducts Agile Center of Excellence reviews for all IT projects under the development operations process. Additionally, the IT Governance Framework (ITGB/ITIB) monitors project performance. OIT has institutionalized an IT Governance Framework successfully over the past two years; this third year has included maturing the framework by establishing an IT Investment Board (ITIB) and an IT Investment Council (ITIC) which brings together our Business and Mission Partner to review IT Investments. The Inaugural meeting was held November 2020 with an investment review of Office of Community Care portfolio; which included each products status and future roadmap of applications. The charters for both the ITIB and the ITIC are being routed for VA Secretary Signatures and has already received sign off from Office of Enterprise Integration and Office of General Counsel. In addition, the OIT established FITARA review processes within Governance; the Acquisition Strategy Review (ASR) Executive Working Group meets every Thursday of each week (minutes attached). In addition, in 2019, the OIT stood up the Initial Baseline Review and Program Management Reviews process; this process includes a TechStat review and a Lightweight Independent Technical Assessment (LITA) review process

which is woven into our IT Governance Framework and documented within our Process Asset Library (attached memo). Recommend closure based on the actions taken by VA.

Target Completion Date: Complete

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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