



US DEPARTMENT OF VETERANS AFFAIRS OFFICE OF INSPECTOR GENERAL

Office of Audits and Evaluations

VETERANS BENEFITS ADMINISTRATION

Better Oversight Needed of Accessibility, Safety, and Cleanliness at Contract Facilities Offering VA Disability Exams

Review

23-01059-72

May 8, 2024

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Executive Summary

When a veteran files a claim for disability benefits, Veterans Benefits Administration (VBA) staff may request medical exams that assess the disability before deciding the claim. Results of medical exams are critical evidence considered in supporting veterans' claims for benefits, and these exams represent a significant investment of taxpayer dollars by VBA.

VBA personnel request disability exams from a contract exam vendor when the veteran's nearest VA medical center has reached or exceeded its maximum capacity for conducting disability exams.¹ Exams are to be conducted at the examiner's place of business or an appropriate place authorized by VA.² All exam facilities are required to be accessible, safe, and clean. The medical disability exam contracts state that the vendors shall inspect all facilities where exams are conducted to ensure compliance with the Americans with Disabilities Act (ADA) and Occupational Safety and Health Administration (OSHA) standards.³ The original medical disability exam contracts required the VA Medical Disability Examination Office (MDEO) to conduct both random and complaint-based site visits at contract facilities to assess compliance with ADA and OSHA standards. However, MDEO modified the contracts in September 2021, updating the language to show MDEO "may" conduct both random and complaint-based site visits at contract facilities. In response to concerns raised by veterans through customer satisfaction surveys regarding accessibility, safety, and cleanliness of contract exam facilities, the VA Office of Inspector General (OIG) directly inspected facilities for compliance with these laws and reviewed key aspects of MDEO oversight of exam vendors.

What the Review Found

During the review period from January 1 through December 31, 2022, MDEO reported most disability exams were completed by three vendors, who performed about 88 percent of the total exams. The OIG review team initially inspected 87 contract facilities that conducted disability exams nationwide to determine if these facilities were accessible, safe, and clean consistent with accepted ADA and OSHA criteria and standards.⁴ The team then inspected 48 more contract facilities that vendors added for disability exams from January 1 through March 31, 2023. VBA

¹ VA Manual 21-1, "Mandatory Use of the ERRA Tool," updated May 31, 2022, sec. IV.i.2.A in *Adjudication Procedures Manual*, topic 1c. VA resources will be used to the fullest extent possible in performing exams, but the use of contract or vendor resources is authorized whenever a VA exam facility has reached or exceeded its maximum capacity to perform these exams.

² Medical Disability Examination Contracts, Section 5.1 Place of Performance.

³ Americans with Disabilities Act of 1990, 42 U.S.C. § 12101 et seq. (1990); Occupational Safety and Health Act of 1970, 29 U.S.C. § 651 et seq. (1970); Medical Exam Contract, Section 8.5 Deliverable Tasks Nov 28, 2018.

⁴ The applicable 1991 and 2010 building standards (whichever is applicable to the site); Americans with Disabilities Act of 1990; "2010 ADA Standards for Accessible Design" (web page), accessed November 8, 2023, <https://www.ada.gov/law-and-regs/design-standards/2010-stds/>. 29 C.F.R. Part 1910.

added a fourth vendor during this period as well. The team did these subsequent inspections to ascertain if ADA and OSHA issues were present in newly added facilities. These facilities were chosen randomly, and at least one facility from each of the four vendors was inspected.

The OIG identified one or more ADA and OSHA deficiencies at 114 of the 135 exam facilities the review team visited nationwide.⁵ Of the total 135 facilities, 99 had complete inspections while 36 had partial inspections.⁶ These deficiencies went undetected because MDEO did not provide the necessary oversight to assess the validity of the vendors' self-certifications regarding ADA and OSHA contracts compliance.

First, MDEO depended on vendors to provide it with facility information for possible site visit locations to assess compliance issues because MDEO lacked independent access to the current inventory of all facilities where exams were conducted. Second, MDEO assigned vendors the responsibility of sending out exam satisfaction survey cards, which affects the integrity of the process as the vendors distributed the cards that assessed their own performance (leaving VBA without assurances that all veterans received a survey card). Third, at the time of the OIG's review MDEO lacked formal standard operating procedures for conducting site visits at contract exam facilities, and its staff had no standardized training on ADA and OSHA requirements. Fourth, according to the contracts, MDEO required exam vendors to inspect all facilities and self-certify facility compliance. However, during interviews with the vendors, some said they relied on self-reporting or photos from subcontractors. Further, MDEO did not verify vendor compliance with ADA and OSHA requirements even though it received complaints from veterans about accessibility, safety, and cleanliness.

As a result, the review team identified ADA and OSHA deficiencies at more than half of the 135 exam facilities it visited nationwide.⁷ Those deficiencies are indicators of facilities having problems related to accessibility, safety, or cleanliness that in some cases also made it difficult to accommodate some veterans who needed exams—with the severity and impact of the combined deficiencies distinct to the inspected facility. The OIG concluded that MDEO could improve its oversight. Proactive monitoring of contractors' facilities is essential to ensure compliance with laws and regulations for accommodating individuals with disabilities and maintaining an accessible, safe, and clean environment for veterans seeking exams.

⁵ Twenty-one facilities inspected had no deficiency. The OIG review team determined facilities with more than one deficiency in a single category (accessibility, safety, cleanliness) would be counted as a single deficiency in that category for that facility. Some facilities had more than one type of deficiency; therefore, numbers may not sum to the total number of sites.

⁶ Partial inspections generally consisted of examining only facilities' exteriors. This was due to reasons such as the team finding facilities closed that had unclear operating hours or operational status, or the interior being inaccessible because exam rooms were continuously occupied, and the team did not want to prolong veteran exam wait times.

⁷ The OIG focused on ADA and OSHA requirements cited in the exam vendor contracts.

What the OIG Recommended

The OIG made nine recommendations for corrective action to the under secretary for benefits, which included that MDEO more closely monitor vendors to ensure they conduct complaint-based inspections, perform site visits based on a review of survey complaints, and create action plans as necessary, and use an updated inspection checklist that includes specific criteria for ADA and OSHA compliance. In addition, MDEO should have independent access and maintain an updated list of contract facilities. MDEO also should develop a plan with vendors to ensure accessibility arrangements for veterans before scheduling exams. Standard operating procedures for site visits are needed, detailing roles, responsibilities, objectives, and monitoring, as is a training plan to ensure MDEO staff understand ADA and OSHA compliance. Additionally, the OIG recommended vendor contracts be enforced so that satisfaction surveys are sent directly to veterans instead of through the contract facility being rated, and vendors are required to conduct inspections and recertify all their facilities to ensure ADA and OSHA compliance.

During OIG team interviews, MDEO leaders indicated that they had several improvements in the planning stages, including drafting standard operating procedures, increasing the number of site visits, maintaining their own facility information, and performing desk audits on facilities remotely.⁸ The OIG considered these efforts when formulating the recommendations for this report and will continue to monitor progress as VBA addresses them.

VA Management Comments and OIG Response

The under secretary for benefits concurred in part with recommendation 1 and provided information on maintaining an updated list of contract facilities, but noted VBA is unable to independently verify all active subcontracts that a vendor has. VBA concurred fully with recommendations 2, 3, 6, and 9 to route exam comment cards directly from the survey vendor to the veteran; develop and implement formal standard operating procedures for site visits; ensure complaint-based facility inspections; and work with vendors to determine veterans' accessibility arrangements before scheduling. In addition, the under secretary concurred in principle with the remaining recommendations 4 (updating the site checklist with ADA and OSHA criteria required by contracts); 5 (completing a standardized ADA and OSHA training plan); 7 (enforcing vendors' inspection and facility recertification requirements); and 8 (conducting site visits or action plans in response to a complaints analysis). VBA requested closure of recommendation 7 stating that "VBA already enforces contractual requirements for vendors by requiring ADA and OSHA compliance certification from vendors on a quarterly basis. VBA maintains that while exam vendor contracts require ADA and OSHA compliance, local laws and building codes may

⁸ Per MDEO, "desk audits" would include virtual inspections of contract exam facilities through photographs, internet images, and any available information to validate facility compliance.

indicate that a facility is ADA compliant despite having barriers to access.”⁹ VBA states further it “cannot impose specific items in the contract language to be considered ADA and OSHA compliant based on local laws and building codes.” It is important to note that the recommendation does not call on VA to contravene local law or code. The OIG will close recommendation 7, as part of its follow-up process, after assessing MDEO’s enforcement of contractual requirements for vendors to conduct inspections and recertify all facilities to ensure ADA and OSHA compliance. For the remaining recommendations, VBA provided acceptable action plans. The OIG will monitor VBA’s progress and will close the recommendations when adequate documentation has been provided of sufficient progress on implementation.

The under secretary for benefits also provided general comments on this report that the OIG addressed in its responses or clarified as indicated. The OIG acknowledges that this report represents a snapshot of efforts underway at the time of the fieldwork and that MDEO has been working steadily to improve its oversight of contract exam facilities. The full text of VA’s management comments appears in appendix C.



LARRY M. REINKEMEYER
Assistant Inspector General
for Audits and Evaluations

⁹ The MDEO contracts require vendors to provide an annual certified statement of verification of ADA and OSHA compliance for all facilities and a quarterly report that all facilities where claimants were seen meet all applicable local laws and regulations related to acceptable medical standards and all OSHA and ADA requirements.

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Abbreviations

| | |
|------|---|
| ADA | Americans with Disabilities Act |
| FY | fiscal year |
| MDE | Medical Disability Examination |
| MDEO | Medical Disabilities Examination Office |
| NPI | National Provider Identifier |
| OIG | Office of Inspector General |
| OSHA | Occupational Safety and Health Administration |
| PPE | personal protective equipment |
| VBA | Veterans Benefits Administration |



Introduction

When a veteran files a claim for disability benefits, Veterans Benefits Administration (VBA) staff may request medical exams that assess the disability before making a decision on the claim. Results of exams contribute critical evidence to processors determining veterans' claims for benefits. These exam contracts represent a cumulative multibillion-dollar investment by VBA since 2017. In addition, VBA created an entire office, its Medical Disability Examination Office (MDEO), dedicated to overseeing contract exams.

VBA staff request disability exams from a contract exam vendor when the veteran's nearest VA medical center has reached or exceeded its maximum capacity for conducting these exams.¹⁰ According to MDEO, contract vendors performed about 88 percent of all exams during the review period from January 1 through December 31, 2022. Contract exams are to be conducted at the examiner's place of business, or an appropriate place authorized by VA.¹¹ Regardless of whether a veteran is seen at a VA medical center or contract exam facility, all are required to comply with the Americans with Disabilities Act (ADA) and Occupational Safety and Health Administration (OSHA) standards to ensure every facility where exams are performed is accessible, safe, and clean.¹²

In response to concerns raised by veterans through customer satisfaction surveys regarding accessible, safe, and clean contract facilities conducting disability exams, the VA Office of Inspector General (OIG) directly conducted on-site inspections of 135 facilities for compliance with these laws on accessibility and safety. The OIG also reviewed key aspects of MDEO oversight of exam vendors to ensure compliance with contract requirements.

The Americans with Disabilities Act

The ADA is a federal law that ensures people with disabilities have the same access, opportunities, and rights as everyone else.¹³ The OIG's review focused on Title III of the ADA, which applies to businesses serving the public.¹⁴

The ADA defines a person with a disability as someone who

¹⁰ VA Manual 21-1, "Mandatory Use of the ERRA Tool," updated May 31, 2022, sec. IV.i.2.A in *Adjudication Procedures Manual*, topic 1c. "VA resources will be used to the fullest extent possible in performing exams, but the use of contract or vendor resources is authorized whenever a VA exam facility has reached or exceeded its maximum capacity to perform these exams".

¹¹ Medical Disability Examination Contracts, Section 5.1 Place of Performance.

¹² MDE contracts sec. 8.5, "Deliverable Tasks," November 28, 2018; Americans with Disabilities Act of 1990, 42 U.S.C. § 12101 et seq. (1990); Occupational Safety and Health Act of 1970, 29 U.S.C. § 651 et seq. (1970).

¹³ Americans with Disabilities Act of 1990.

¹⁴ "Introduction to the Americans with Disabilities Act" (web page), accessed November 8, 2023, <https://www.ada.gov/topics/intro-to-ada/#businesses-that-are-open-to-the-public>; Title III regulations.

- has a physical or mental impairment that substantially limits one or more major life activities;
- has a history or record of an impairment, such as cancer that is in remission; or
- is perceived by others as having such an impairment, such as a person who has scars from a severe burn.¹⁵

The ADA protects individuals in any of these categories. Because the ADA is a law and not a benefit program, no one needs to apply for coverage.

VA and its contractors are subject to the ADA and OSHA, as well as to federal statutes that set out clear standards for equal access. As defined by the ADA, individuals with disabilities may not be denied full and equal enjoyment of the "goods, services, facilities, privileges, advantages, or accommodations" offered by a place of public accommodation. Accordingly, businesses serving the public must have features such as the following:

- **Handrails** that help create safe access for individuals with disabilities¹⁶
- **Door thresholds** that ensure people with mobility impairments, such as those who use wheelchairs, walkers, or crutches, can easily cross the threshold without issue¹⁷
- **Door hardware** that can be operated with a loose grip or closed fist, as this accommodates the greatest range of users¹⁸
- **Ramps and curb access routes** with specific ramp slope and rise to allow access to public accommodations and facilities for people with disabilities¹⁹
- **Accessible floor and ground surfaces** that are stable, firm, and slip-resistant²⁰

¹⁵ "Introduction to the Americans with Disabilities Act" (web page).

¹⁶ "2010 ADA Standards for Accessible Design" (web page), accessed November 13, 2023, <https://www.ada.gov/law-and-regs/design-standards/2010-stds/>. According to ADA standards, handrail-gripping surfaces must have rounded edges. Handrails with circular cross-sections must have a diameter of one and one-quarter inch minimum and two inches maximum. Handrails with noncircular cross-sections must have a dimension of two and one-quarter inch maximum.

¹⁷ "2010 ADA Standards for Accessible Design: 404.2.5 Thresholds" (web page). The ADA door thresholds shall not be higher than a half inch for exterior doors in new construction and a maximum height of three-quarter inches for existing or altered thresholds.

¹⁸ Hardware that requires simultaneous hand and finger movements requires greater dexterity and coordination and is not recommended. "2010 ADA Standards for Accessible Design: 404.2.7 Door and Gate Hardware" (web page).

¹⁹ "2010 ADA Standards for Accessible Design: 405.1 General and 405.2 Slope" (web page). The ADA requirement states ramp slope must be no steeper than 1:12 (1 inch of vertical rise to 12 inches of ramp length). This equates to a ramp slope of about 4.8 degrees of incline.

²⁰ "2010 ADA Standards for Accessible Design: 302.1 Floor or Ground Surfaces" (web page).

- **Turning spaces** that ensure people using wheelchairs, walkers, or crutches can maneuver safely within a 60-inch diameter space²¹

Occupational Safety and Health Administration

OSHA sets and enforces standards and guidance requiring businesses to maintain clean and sanitary workplaces. It also conducts inspections to ensure safe working conditions. Businesses are required to comply with the regulations issued under the Occupational Safety and Health Act.²² The list that follows highlights some of the Act requirements the team focused on during its review:

- **Exit routes** must be free and unobstructed, and properly labeled as “EXIT” in plainly legible lettering.²³ The outdoor exit route must be reasonably straight and have smooth, solid, substantially level walkways.²⁴
- **Portable fire extinguishers** require an annual maintenance check.²⁵ They must have at least four inches of clearance between their bottoms and the floor and must be mounted on brackets or in wall cabinets at specific heights.²⁶
- **Vermin control** in enclosed workplaces must prevent the entrance of rodents, insects, and other pests to the extent practicable. A continuing and effective extermination program shall be instituted where their presence is detected.²⁷

²¹ “2010 ADA Standards for Accessible Design: 304.3.1 Circular Space” (web page). Size-turning spaces shall have a minimum diameter of 60 inches.

²² “United States Department of Labor, Occupational Safety and Health Administration, Occupational Safety and Health Act of 1970, section 5: Duties” (web page), accessed October 23, 2023, https://www.osha.gov/laws-regs/oshact/section_5.

²³ “United States Department of Labor, Occupational Safety and Health Administration: Maintenance, safeguards, and operational features for exit routes. standard 1910.37(a)(3)” (web page), accessed October 23, 2023, <https://www.osha.gov/laws-regs/regulations/standardnumber/1910/1910.37>.

²⁴ “United States Department of Labor, Occupational Safety and Health Administration: Design and construction requirements for exit routes. standard 1910.36(h)(3)” (web page), accessed September 29, 2022, <https://www.osha.gov/laws-regs/regulations/standardnumber/1910/1910.36>.

²⁵ “United States Department of Labor, Occupational Safety and Health Administration: Portable Fire Extinguishers standard 1910.157(e)(3)” (web page), accessed September 29, 2022, <https://www.osha.gov/laws-regs/regulations/standardnumber/1910/1910.157>.

²⁶ “United States Department of Labor, Occupational Safety and Health Administration: Evacuation Plans and Procedures eTool,” Emergency Standards, Portable Fire Extinguishers, Extinguisher Placement and Spacing” (web page), accessed August 31, 2023, <https://www.osha.gov/etools/evacuation-plans-procedures/emergency-standards/portable-extinguishers/placement>.

²⁷ “United States Department of Labor, Occupational Safety and Health Administration: Sanitation, standard 1910.141(a)(5)” (web page), accessed September 29, 2022, <https://www.osha.gov/etools/evacuation-plans-procedures/emergency-standards/portable-extinguishers/placement>.

- **Housekeeping** is required to keep all places of employment clean to the extent that the nature of the work allows.²⁸

A noncompliant facility can reflect a lack of proper maintenance and hygiene standards that increase the risk of infection and disease. Significant facility noncompliance can also undermine the trust and confidence veterans have in VA.

Contract Exam Vendors

VBA renewed 18 firm fixed-price contracts for three exam vendors over a 10-year period from 2018 to 2028.²⁹ In June 2022, a fourth exam vendor contracted with VA to perform exams; however, no exams were completed until December 2022. Contract exam workloads are divided into four geographic regions within the United States as well as those conducted internationally and on military bases.³⁰ The vendors are responsible for scheduling, conducting, and documenting exams at non-VA facilities. The contracts further allow the vendors to subcontract with medical examiners to perform disability contract exams. As of July 2023, a contracting officer reported VA had obligated an estimated \$10 billion on all exam contracts (since 2017), and contract exam vendors had completed over eight million exams.

Satisfaction Survey Vendor

A separate vendor administers and analyzes a customer satisfaction survey allowing veterans to rate their contract exam experience. The exam vendors provide all veterans who attend an exam with a survey card to complete. The veteran has the option to respond to five questions related to staff performance, time and place of exam, cleanliness, concern and attention by the examiner, and overall satisfaction. The survey also allows the veteran to provide open-ended comments, such as concerns regarding accessibility and safety. Veterans can submit survey responses online or by returning the card to the satisfaction survey vendor.³¹ The survey vendor is responsible for

²⁸ “United States Department of Labor, Occupational Safety and Health Administration: Sanitation, standard 1910.141(a)(3)(i)” (web [page](https://www.osha.gov/etools/evacuation-plans-procedures/emergency-standards/portable-extinguishers/placement)), accessed September 29, 2022, <https://www.osha.gov/etools/evacuation-plans-procedures/emergency-standards/portable-extinguishers/placement>.

²⁹ A firm-fixed-price contract provides for a price that is not subject to any adjustment on the basis of the contractor’s cost experience in performing the contract. MDE Firm- Fixed-Price, Indefinite-Delivery, Indefinite-Quantity (IDIQ) contract, under FAR 16.202.

³⁰ The four geographic regions within the United States are Region 1 (Northeast), Region 2 (Southeast), Region 3 (Midwest), and Region 4 (Pacific). International sites are American Samoa, Australia, Bahrain, Belgium, Belize, Canada, Columbia, Costa Rica, Denmark, Dominican Republic, Ecuador, France, Germany, Greece, Guam, Honduras, the Inuit Islands, Ireland, Italy, Japan, Kuwait, Luxembourg, Mexico, New Zealand, Netherlands, Northern Mariana Islands, Panama, Philippines, Poland, Puerto Rico, Saudi Arabia, South Korea, Spain, Singapore, Thailand, United Arab Emirates, United Kingdom, Uruguay, and the US Virgin Islands. Pre-discharge exams refer to those conducted on military bases.

³¹ In this report, the MDE contract exam vendors are referred to as “exam vendors,” and the customer satisfaction survey vendor is referred to as the “survey vendor.”

tabulating, analyzing, and reporting the information to MDEO monthly. Veterans are also able to submit comments related to contract exams through the OIG hotline, VA regional offices, the White House hotline, veterans service officers, and the MDEO mailbox. A manager at MDEO stated staff review these comments and take them seriously, but there is no requirement for follow-up action. Follow-up action might include requesting photos or a site visit to a poorly rated exam facility.

During the review period, the response rate to the survey averaged about 11 percent, though the contract with the survey vendor requires an expectation rate of 15 to 20 percent. The contract stipulates that if the vendor does not meet the goal, a future mitigation plan will be developed to include improvement plans and possible corrective actions. Contract exam vendors met the overall satisfaction goal of 90 percent or better, averaging about 97 percent for all vendors based on the 11 percent of respondents.

The OIG team focused on survey complaints related to accessibility, safety, and cleanliness of contract facilities. These included issues with handicap parking, accessible entrances, steep ramps or curbs, lack of or inoperable elevators, exam rooms incapable of accommodating a wheelchair, audio booths without wheelchair accessibility, dirty facilities, moldy bathrooms, and insect activity.

VBA's Medical Disabilities Examination Office

MDEO supports VBA's disability claims process by administering the contract exam program. MDEO has an executive office and five components: data and operations; quality; policy and program management; acquisitions and budget; and training and development as shown in figure 1. The data and operations component is responsible for ensuring vendors comply with the terms of their contracts and conducting random and complaint-based site visits to the exam facilities. The acquisitions and budget department enforces the technical terms of the contract and compliance with regulations, procedures, and program directives, along with managing appropriations to support the program.

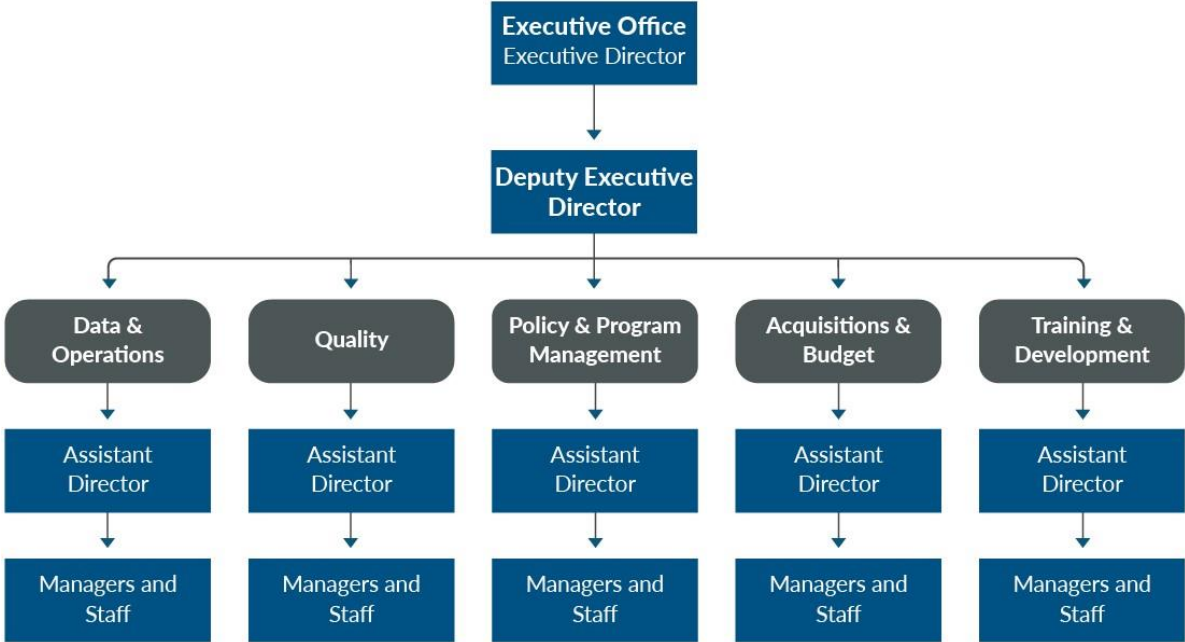


Figure 1. MDEO Executive and Staff Offices.

Source: VA OIG analysis of MDEO Organizational Chart.

Results and Recommendations

Finding: MDEO Must Improve Its Oversight of Contractors' Disability Exam Facilities to Ensure Accessibility and Safety Mandates Are Met

The OIG found that MDEO oversight did not ensure compliance with ADA and OSHA standards as required in exam vendor contracts. Four determinations supported the team's conclusion:

- First, MDEO relied on vendors to provide it with a current inventory of all exam facilities, which limited its ability to ensure it had a comprehensive list from which to select for inspection all sites that may have compliance issues.
- Second, MDEO relied on exam vendors to send out survey cards rating their own performance, rather than ensuring the survey vendor sent the exam surveys directly to veterans.
- Third, at the time of the OIG review, MDEO lacked both formal standard operating procedures and training for staff on how to conduct site visits at contract exam facilities to assess compliance with ADA and OSHA requirements.
- Last, although MDEO received complaints from veterans about accessibility, safety, and cleanliness at contracted exam facilities, it did not investigate further to verify compliance with ADA and OSHA standards and only required the four exam vendors to self-certify their facilities. However, vendors did not conduct inspections of all subcontracted facilities and instead relied on self-reporting or photos from subcontractors.

The OIG identified one or more ADA and OSHA deficiencies at 114 of the 135 exam facilities the review team visited nationwide.³² Of the total 135 facilities, 99 had a complete inspection while 36 had partial inspections.³³ The OIG determined that these deficiencies are indicators of facilities having problems related to safety, cleanliness, or accessibility that in some cases also made it difficult to accommodate some veterans who needed exams—with the severity and impact of the combined deficiencies distinct to the inspected facility. Vendors were required by contracts to inspect all exam facilities to ensure all their facilities or subcontracted facilities were

³² Twenty-one facilities inspected had no deficiency. The OIG review team determined facilities with more than one deficiency in a single category (accessibility, safety, cleanliness) would be counted as a single deficiency in that category for that facility. Some facilities had more than one type of deficiency; therefore, numbers may not sum to the total number of sites.

³³ Partial inspections generally consisted of examining only facilities' exteriors. This was due to reasons such as the team finding facilities closed that had unclear operating hours or operational status, or the interior being inaccessible because exam rooms were continuously occupied, and the review team did not want to prolong veteran exam wait times.

compliant with ADA and OSHA standards.³⁴ The deficiencies went largely undetected because MDEO did not provide the necessary oversight to assess the accuracy of the vendors' self-certification regarding ADA and OSHA compliance. Proactive monitoring of exam facilities would help ensure compliance with laws and regulations for accommodating individuals with disabilities and creating an accessible, safe, and clean environment for veterans.

What the OIG Did

The team reviewed VBA medical disability exam contracts as well as ADA and OSHA regulations related to facility requirements. Team members then examined findings from MDEO's fiscal year (FY) 2022 site visits to contract exam facilities, results from satisfaction surveys, and MDEO's practices related to the contract medical disability exam program.³⁵ Although OIG team members did not inspect any MDEO FY 2022 site visit locations, they did shadow the MDEO team in Orlando, Florida, to better understand its on-site process. The team did not inspect the same sites as MDEO to avoid further disruption to examiners and veterans in those locations. Further, the team examined complaints received from veterans related to accessibility, safety, and cleanliness of exam facilities from the three exam vendors during the review period of January 1 through December 31, 2022. MDEO later added a fourth exam vendor, which began conducting contract exams in December 2022.

The team inspected 87 facilities where contract exams were conducted during the review period. The facilities were chosen randomly, and at least one facility from each of the three vendors was inspected. Some facilities contracted with multiple vendors. The team subsequently inspected an additional 48 facilities chosen randomly. These facilities were added by vendors between January 1 and March 31, 2023. The second round of reviews was conducted to ascertain whether newly added facilities complied with ADA and OSHA standards. They included facilities from all four vendors.

The team interviewed MDEO managers and staff as well as the VA contracting officer responsible for overseeing the contracts related to medical disability exams. Site visits—including interviews and inspections—were conducted with the four exam vendors, the survey vendor, and the survey vendor's subcontractor. For more on the OIG's scope and methodology, see appendix A.

³⁴ The applicable 1991 and 2010 building standards (whichever is applicable to the site); Americans with Disabilities Act of 1990 (web page); <https://www.ada.gov/law-and-regs/design-standards/1991-design-standards/> and "2010 ADA Standards for Accessible Design" (web page); 29 C.F.R. Part 1910, <https://www.ada.gov/law-and-regs/design-standards/2010-stds/>, accessed April 19, 2024.

³⁵ The OIG review team did not physically inspect any facilities identified in the FY 2022 MDEO site visits. MDEO did not complete site visits in FYs 2020 or 2021 due to the COVID-19 pandemic.

MDEO Oversight Did Not Ensure Compliance with ADA and OSHA Requirements

The MDEO mission statement during the OIG review period was “to support VA’s disability claims process by administering VBA’s contract medical disability exam program.” As of July 2023, the MDEO mission had changed “to honor Veterans’ service by partnering across the stakeholder community to ensure Veterans receive timely and high-quality disability examinations worldwide.”³⁶ Further, MDEO is expected to monitor and oversee exam vendor performance to enforce the terms of the contracts and ensure compliance with agency regulations, procedures, program directives, and the law including ADA and OSHA requirements.³⁷ The original contracts required MDEO to conduct site visits both randomly and in response to complaints at exam facilities to assess compliance with ADA and OSHA standards. However, MDEO modified the contracts in September 2021, updating the language to show MDEO “may” conduct both random and complaint-based site visits at contract facilities at the discretion of VBA.

In FY 2022, MDEO reported it conducted visits at 76 randomly selected sites but did not visit any sites in response to complaints. An MDEO assistant director said sites are selected and visited based on their proximity to exam vendors’ headquarters.

As discussed in the sections that follow, the OIG found that MDEO could improve its oversight by not depending on vendors for exam facility listings that affect site visit selection, not having exam vendors give veterans the survey cards rating the vendors’ (or their subcontractors’) own performance, creating formal standard operating procedures and a training plan for site visits that focus on ADA and OSHA standards, and verifying vendor compliance with ADA and OSHA requirements included in contracts. Appendix B details exam contract provisions during the review period and the MDEO site visit checklist.

MDEO Depended on Vendors for Contract Facility Information

MDEO does not have independent access to a current inventory of all contract facilities used to perform disability exams, relying on vendors to provide this information. This reliance limits its ability to conduct site visits to the full universe of facilities. Depending on vendor-provided lists that can be incomplete or weighted toward more compliant facilities affects MDEO’s independence in overseeing its vendors. If facilities are overlooked, compliance issues may not be found and addressed.

³⁶ “MDEO mission statement” (web page), VBA, accessed January 24, 2023, <https://vbaw.vba.va.gov/bl/21/MDEO/mission.htm>.

³⁷ “MDEO acquisitions staff” (web page), VBA, accessed July 6, 2023, https://vbaw.vba.va.gov/bl/21/MDEO/aab_index.htm.

MDEO reported that the “vendor is responsible for developing and recruiting a provider network and therefore, a complete list of all providers they are contracted with would be considered proprietary information that they do not wish us to disclose to their competitors.” When preparing to conduct site visits, MDEO relies on the vendors to provide a listing of their exam facilities and cannot independently confirm if it is accurate or complete. The OIG contends that VA routinely receives proprietary information in both its contracting and oversight functions and that necessary controls can be instituted to limit access to those VA personnel with a need to know the information to perform their monitoring work. Particularly where oversight of veteran safety and contract exams are at issue, VA must have accurate information.

When interviewed, two of the four vendors could not provide a concrete number of facilities where their subcontractors conduct exams. One vendor reasoned that facility numbers are fluid and concrete numbers are difficult because facilities are added and removed continually. Another vendor stated that when MDEO requests a list of exam facilities, the vendor provides 10 locations in the geographic area of the facilities where most veterans are likely to be seen. Another vendor reported that it would provide addresses and hours of operation for the facilities in an area upon request from MDEO.

An MDEO chief said site visit locations are generally within commuting distance of each vendor’s headquarters. An MDEO assistant director stated, however, that staff plan to expand site visits throughout the country. Another MDEO assistant director also noted it was difficult to provide an exact number of contract facilities, as some examiners practice at more than one location, multiple examiners practice at the same locations, and some examiners have short-term leases. The executive director of MDEO said the office is working on maintaining its own list and information on contract exam facilities, so staff can conduct site visits and desk audits.³⁸

Recommendation 1 formalizes the executive director’s intent by requiring the submission to the OIG of a related plan and documentation of progress on implementing VA’s maintenance of an independent, updated list of contract facilities.

MDEO Assigned Exam Vendors the Task of Distributing Satisfaction Surveys Rating Their Own Performance

VA’s contract with the survey vendor stipulates that the survey vendor will work with the four exam vendors to obtain veteran contact and appointment information to provide all veterans with a paper survey card, as well as access to alternate delivery methods such as email or text regarding their exam experience.

³⁸ Per MDEO, desk audits would include virtual inspections of contract exam facilities through photographs, internet images, and any available information to validate facility compliance.

However, the survey vendor reported it was only distributing the blank customer satisfaction survey in bulk to the exam vendors, which then mailed them to individual veterans. MDEO confirmed the practice was consistent with MDEO's contract directive given to the exam vendors. Consequently, the survey vendor had no control over how, or if, the proper distribution of the customer satisfaction survey was occurring for every veteran who received an exam. As a result, MDEO cannot ensure it receives the full picture of veterans' experiences. MDEO needs to have a distributor, such as the survey vendor, who has no vested interest in the results. Additionally, the survey vendor's performance was tied to the survey response rate. Without the survey vendor having complete control of the survey's distribution to individual veterans, MDEO cannot fairly evaluate the survey vendor's performance.

Per its contract, the survey vendor is expected to meet a minimum response rate of 15-20 percent. If the vendor does not meet the goal, a future mitigation plan will be developed to include improvement plans and possible corrective actions. MDEO reported that the overall response rate to the customer satisfaction survey was about 11 percent for calendar year 2022.³⁹ MDEO management reported that as of October 3, 2023, the current vendor was not performing as expected, and the contract was recompleted.

Similarly, the exam vendors' performance metric relies on the satisfaction rating of returned customer satisfaction survey cards. Consequently, MDEO cannot fairly evaluate the exam vendors' performance either.

Recommendation 2 is for VBA to comply with the requirements of the customer satisfaction survey contract by routing exam comment cards directly between the survey vendor and veteran.

MDEO Lacked Formal Standard Operating Procedures and Training for Site Visits to Assess Safety and Accessibility Compliance

Standard operating procedures provide clear step-by-step instructions for carrying out routine or complex tasks within an organization. The procedures help to ensure consistency and quality in processes, reduce errors and waste, and increase efficiency. They also provide a reference point for employees to consult when they need guidance on performing tasks correctly. According to VA's contracts with exam vendors, the standard of review for a site visit is based on ADA, the Joint Commission on Accreditation of Healthcare Organizations, OSHA, and any applicable state or local standard.⁴⁰

As MDEO lacked formal, written, standard operating procedures outlining the responsibilities, tasks, and processes for staff conducting site visits of contract exam facilities, it was unable to ensure compliance with these standards. It does not provide training on ADA or OSHA

³⁹ The rate equals the number of unique responses divided by the number of appointments completed.

⁴⁰ The OIG did not evaluate whether exam vendors met the Joint Commission's standards for clinical operations.

compliance. Staff use a checklist, as shown in appendix B, with a series of yes/no questions and related comments to be checked off during each facility visit. These questions are not specific enough to effectively address whether the contractual standards have been met. Examples of questions and responses to be completed on an MDEO site visit are shown here:

- Building accessible to include parking and wheelchair ramp? Yes, No, N/A, Comments
- Clinic entrance/office wheelchair accessible? Yes, No, N/A, Comments
- Are exam rooms accessible for people using wheelchairs? Yes, No, N/A, Comments
- Flooring safe, and free of tripping hazards? Yes, No, N/A, Comments
- Exit free of obstacles? Yes, No, N/A, Comments

Some MDEO employees said they based their site visit responses to the above questions on a simple visual inspection, rather than established criteria. When MDEO staff and management were asked about specific ADA and OSHA requirements, several reported that they did not know the specific criteria. For example, parking lots require a minimum percentage of disabled parking spaces, dependent on the overall size of the parking lot. Facilities must also meet certain access requirements, such as dimensions for wheelchair turning radius, wheelchair ramp slope, and doorframe widths.

Formal training plays an important role in helping staff acquire knowledge, develop skills, and improve performance, especially when employees have different roles and tasks. An MDEO assistant director stated that most training is done on-the-job for the practical purpose of inspecting facilities; however, MDEO is not opposed to formal training. The executive director of MDEO said staff are working on a formal training program and standard operating procedures that will outline staff responsibilities for site visits. He noted that MDEO created a dedicated team that will be responsible for providing external training to exam vendors as well as MDEO staff.

Recommendation 3 is for VBA to develop and implement formal standard operating procedures for the contract exam facility site visits detailing roles, responsibilities, objectives, and monitoring.

Recommendation 4 requires MDEO to update the site visit checklist to include a focus on specific ADA and OSHA criteria required by contracts with exam vendors.

Recommendation 5 reiterates the need for VBA to complete a standardized training plan for staff who conduct site visits at contract exam facilities to include ADA and OSHA compliance.

MDEO Did Not Verify Vendor Compliance with ADA and OSHA Requirements

As previously stated, all contract exam facilities must meet all ADA and OSHA requirements for accessibility, safety, and cleanliness. Exam vendors are contractually required to certify annually

that they meet these requirements and must also certify all new facilities in the quarter after they are added. The contracts allow VA to suspend any facilities for which MDEO has identified concerns regarding health and safety. However, exam vendors required to ensure compliance generally relied on subcontractors to self-certify. MDEO reported it did not validate the self-certifications. MDEO's assistant director of budget and acquisitions said exam vendors should be able to inspect every facility to ensure compliance.

Although MDEO may conduct site visits randomly or in response to complaints, the standard for review will be based on ADA and OSHA standards. The MDEO executive director also stated the site visit process allows the office to have some oversight of the certification process, and the office plans to supplement site visits with desk audits. The OIG acknowledges that at the time of the review MDEO had been working to improve its oversight of contract exam facilities.

During an interview with the OIG team, an MDEO assistant director reported being unaware of any instance in which MDEO has taken action for noncompliance. Further, an MDEO employee confirmed that tracking individual facilities would not be possible because staff do not receive a list of each facility being self-certified; they receive regional certification from the vendor. The vendor's self-certification process is not comprehensive because there is no validation of the certification, and the OIG and MDEO both identified ADA and OSHA facility deficiencies. The OIG found that MDEO oversight was not effective at verifying that the vendors were accurately self-certifying.

As previously mentioned, veterans can submit complaints related to contract exams through various avenues such as the OIG hotline, VA regional offices, the White House hotline, veterans service officers, and the MDEO mailbox. Exam vendors also submit incident reports to MDEO. However, MDEO is not conducting complaint-based reviews even when survey responses identify deficiencies. The OIG found that MDEO should not limit exam complaints to any specific source and should review them all to determine if a complaint-based site visit is warranted and then conduct the appropriate site visits.

Examples 1, 2, and 3 are drawn from the 28 incident reports received by MDEO in FY 2022 (October 1, 2021, through September 30, 2022) and clearly demonstrate the need for complaint-based site visits.⁴¹ As of November 2023, MDEO had not visited the facilities identified in the following incident reports.

Example 1

November 16, 2021, incident report—A veteran tripped and fell while leaving the audio booth during an audio exam. The medical assistant contacted 911. The veteran was taken by ambulance to the local VA hospital.

⁴¹ An incident report is required in instances of physical distress, violent or threatening behavior from the veteran, or natural disaster.

To substantiate this report, the OIG review team examined the veteran's VA treatment records and claims file. The records showed the veteran reported the audio booth was "the size of a phonebooth" and when stepping out, caught a foot on the edge and fell.

VA emergency department records indicate that because of limited space the veteran had to maneuver out of the booth and tripped. The veteran suffered a left hip fracture which required surgery. Subsequently, the veteran was scheduled for another exam which had to be canceled because the facility could not accommodate a wheelchair.

Example 2

January 14, 2022, incident report—At a separate facility another veteran was being assisted into the audio booth from a wheelchair and fell to the ground. While back in the chair, the veteran's eyes rolled back and vomiting began. The veteran was taken by ambulance to the local VA hospital.

To substantiate this report, the OIG review team examined the veteran's VA health records and claims file. The team also reviewed photographs of the audio booth, which confirmed there was limited space to maneuver a wheelchair inside the booth. The records show the veteran was admitted to a private medical facility emergency department following a fall during an exam the same day as the reported incident.

Example 3

January 20, 2022, incident report—A veteran attended a contract exam for a hip condition. The veteran was sitting on the end of a massage table when it collapsed, causing the veteran to land flat on back. The examiner reported the exam was completed without further incident.

To substantiate this report related to exam safety conditions, the OIG review team examined the veteran's VA records and found that the veteran required additional treatment and evaluation for the hip condition.

Recommendation 6 focuses on VBA conducting complaint-based contract facility inspections.

Recommendation 7 relates to the enforcement by VBA of contractual requirements for vendors to conduct inspections and recertify all facilities to ensure ADA and OSHA compliance.

The OIG Identified ADA and OSHA Deficiencies That Could Make Exam Facilities Difficult to Access and Unable to Accommodate Some Veterans Who Needed Exams

The review team identified complaints from the FY 2022 customer satisfaction surveys that mentioned issues with accessibility, safety, and cleanliness of contract exam facilities throughout the country. Some veterans said their exams were canceled because contract facilities did not comply with ADA or OSHA requirements and could not accommodate their mobility or sensory issues. For example, accessible medical equipment should include adjustable-height exam tables and chairs, wheelchair-accessible scales, adjustable-height radiologic equipment, portable floor and overhead track lifts, and gurneys and stretchers.⁴² The OIG review team found numerous facilities lacking adjustable exam tables in particular.

The following survey comments from veterans highlight accessibility, safety, and cleanliness concerns at contract exam facilities:

- “Wheelchair access is too steep [*sic*] for handicap with wheelchair.”
- “Not handicap accessible very hard getting a wheel chair in and out of the main entrance door.”
- “No ramp for wheelchair.”
- “The doorway entering the building has a 2-3 inch threshold that a wheelchair or scooter has to be lifted over.”
- “Handicap ramp not wheelchair friendly.”
- “Wasn't able to complete exam due to not being able to get into the exam booth.”
- “Getting in and out of the sound booth was difficult because the wheelchair is too large for the booth. Very unsafe.”
- “Office was dirty with bugs crawling on the floor.”
- “There was mold in between the tiles.”

To assess compliance with accessibility, safety, and cleanliness standards for contract exam facilities, the review team developed a site visit protocol that enhanced the MDEO approach by including ADA and OSHA compliance criteria. This protocol consists of questions related to seven areas of concern: (1) the facility location, (2) safety and protective equipment, (3) exam rooms, (4) general medical clinical equipment and supplies, (5) audiology clinical equipment and

⁴²“Access to Medical Care for Individuals with Mobility Disabilities” (web page), accessed November 13, 2023, <https://www.ada.gov/resources/medical-care-mobility/>.

supplies, (6) ophthalmology or dental clinical equipment and supplies, and (7) protections for vulnerable veterans.

Using this protocol, the team inspected 87 facilities and subcontracted facilities that performed disability exams nationwide during the review period. These facilities were chosen randomly. Some facilities contract with multiple vendors, and at least one facility from each of the three vendors was inspected.⁴³ As shown in figure 2, the 87 facilities were located across 12 states.

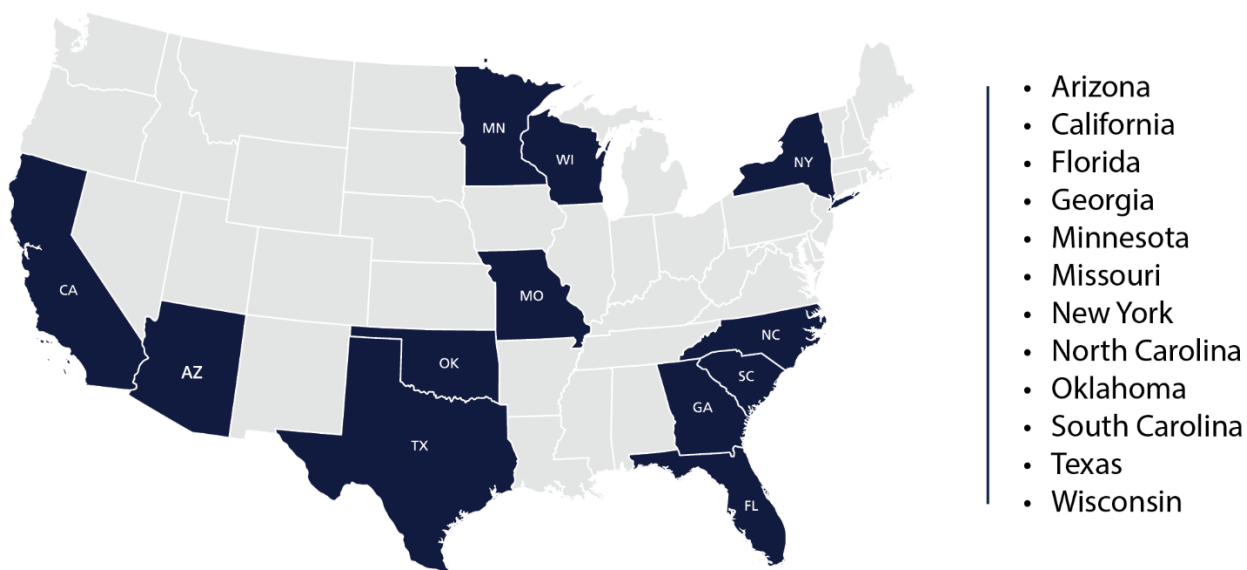


Figure 2. States where the review team visited contract exam facilities.

Source: VA OIG.

At the 87 facilities visited, the team conducted 62 complete inspections and 25 partial inspections to observe accessibility, safety, and cleanliness issues at the facilities. As previously discussed, partial inspections generally consisted of the team examining only facilities' exteriors. This was due to reasons such as the team finding facilities closed that had unclear operating hours or operational status, or the interior being inaccessible because patient rooms were continuously occupied, and the review team did not want to lengthen veteran exam wait times.

The OIG found that

- 45 facilities had at least one accessibility deficiency,⁴⁴
- 36 facilities had at least one safety deficiency,⁴⁵

⁴³ In June 2022, a fourth exam vendor contracted with VA to perform exams; however, because no exams were completed until December 2022, no facilities from this vendor were inspected during the initial review period.

⁴⁴ Accessibility deficiencies included a steep ramp or curb, lack of ramps, narrow doorways, an elevated audio booth with no ramp, no adjustable exam tables, and improper door hardware.

⁴⁵ Safety deficiencies included expired fire extinguishers, partially blocked exits, and tripping hazards.

- eight facilities had at least one cleanliness deficiency, and⁴⁶
- 15 facilities had no deficiencies.⁴⁷

The team subsequently inspected an additional 48 facilities chosen both randomly and based on veteran complaints. These facilities were added by vendors between January 1 and March 31, 2023. The team inspected them to ascertain if ADA and OSHA deficiencies were present in newly added facilities. These included facilities from the four vendors. As shown in figure 3, the second round of inspections took place in 10 states (nine of which were not covered by prior inspections).

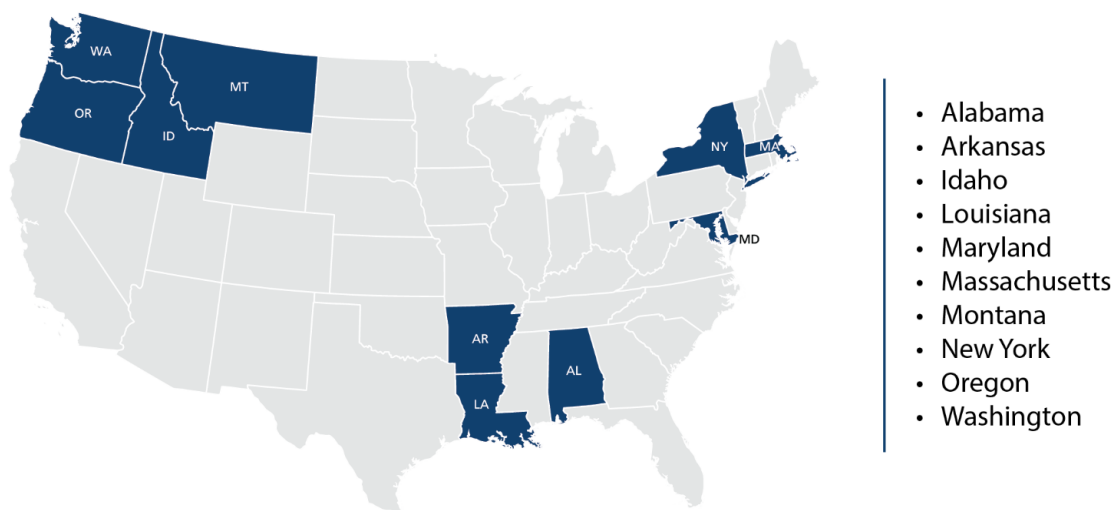


Figure 3. States where the review team visited contract exam facilities added during 2023.

Source: VA OIG.

At the 48 facilities visited, the team conducted 37 complete inspections and 11 partial inspections to observe accessibility, safety, and cleanliness.

The OIG found that

- 28 facilities had at least one accessibility deficiency,
- 23 facilities had at least one safety deficiency,
- one facility had at least one cleanliness deficiency, and
- six facilities had no deficiencies.⁴⁸

⁴⁶ Cleanliness deficiencies included bugs in fire alarms, stained carpets, inappropriate waste disposal, and no available hand sanitation equipment in designated areas.

⁴⁷ Facilities with no deficiencies were based on results from the 62 complete inspections only. Some facilities had more than one type of deficiency; therefore, numbers may not sum to the total number of sites.

⁴⁸ Facilities with no deficiencies were based on results from the 37 complete inspections only.

ADA Accessibility Deficiencies

The ADA requires covered facilities to be accessible and provide reasonable modifications for individuals with disabilities.⁴⁹ Not complying with the ADA can lead to veterans' physical harm or can limit their ability to receive a disability exam needed for a benefit claim.

The team found that 45 of the 87 facilities initially inspected had at least one ADA accessibility deficiency. These deficiencies included issues with handicap parking, wheelchair ramps, accessible entrances, bathrooms, exam rooms, medical equipment and audio booths.

For example, the team inspected a facility in California and found it noncompliant because the facility ramp handrails were square (ADA requires handrails to have rounded edges), the door entrance threshold was too high (ADA requires a maximum height of half an inch), and the door hardware was round (ADA requires lever style or U-shaped door handles for individuals who cannot grip a standard doorknob), as shown in figure 4.



Figure 4. California contract exam facility with a handrail, door threshold, and door hardware that were not ADA compliant.

Source: VA OIG.

⁴⁹ “Access to Medical Care for Individuals with Mobility Disabilities” (web page).

During the first round of inspections, the team noted deficiencies at several facilities. For example, the Georgia facility in figure 5 (left photo) had no permanent ramp; a temporary ramp was available if requested, but the slope of the ramp did not meet ADA standards. Based on ADA criteria, the maximum allowed is 1:12 pitch, which equates to a slope of about 4.8 degrees of incline.⁵⁰ A facility in Texas (figure 5, center photo) had a small wooden ramp on loose gravel, which does not meet the ADA criteria for floor and ground surfaces be stable, firm, and slip resistant. Gravel does not meet these requirements unless properly treated to provide sufficient surface integrity and resilience. A facility in Arizona had ramp access limited by shrubs (figure 5, right photo).



Figure 5. Accessibility deficiencies in contract exam facilities in Georgia (left), Texas (center), and Arizona (right).

Source: VA OIG.

Also, facilities in Texas, Wisconsin, and Missouri all had audio booth accessibility deficiencies. These facilities had stand-alone audio booths. While a small wheelchair could enter, there was insufficient wheelchair turning radius for the veteran to face the window where the examiner is seated. The booths also had a higher-than-allowed door threshold and no permanent or temporary ramp access for a wheelchair, as shown in figure 6.

⁵⁰ “2010 ADA Standards for Accessible Design: 405.2 Slope,” (webpage), accessed October 20, 2023, <https://www.ada.gov/law-and-regs/design-standards/2010-stds/>.



Figure 6. Audio booth accessibility deficiencies at contract exam facilities in Texas (left), Wisconsin (center), and Missouri (right).

Source: VA OIG.

OSHA Safety Deficiencies

The review team also identified 36 facilities from the initial inspection of 12 states with at least one safety deficiency. Some deficiencies included blocked stairways, noncompliant handrails, expired or inaccessible fire extinguishers, and blocked exit routes. The pictured facilities in South Carolina, Arizona, and New York in figure 7 are three examples of facilities with safety concerns. The left and center photographs in figure 7 demonstrate obstruction of the exit route, while the photograph on the right demonstrates general disrepair of the concrete landing and steps of the emergency exit. OSHA requires exit routes to be free and unobstructed.⁵¹ No materials or equipment may be placed, either permanently or temporarily, in the exit route. Additionally, the exit route must have a smooth, solid, and substantially level walkway.

⁵¹ “United States Department of Labor, Occupational Safety and Health Administration: Maintenance, safeguards, and operational features for exit routes. standard 1910.37(b)(7)” (webpage), accessed January 8, 2024, <https://www.osha.gov/>.



Figure 7. Exit route issues in contract exam facilities in South Carolina (left), Arizona (center), and New York (right).

Source: VA OIG.

The team identified additional safety concerns with facilities in North Carolina, Arizona, and Texas (figure 8). At an April 2023 inspection of a North Carolina facility, the OIG team found an expired fire extinguisher with a tag that read “Void 1 year from month punched,” with the punch mark dated June 2021. The Arizona inspection showed a fire extinguisher that was not mounted to the wall, was missing an inspection tag, and had the safety pin removed. The Texas inspection found a fire extinguisher that was hidden in a cabinet under a sink, also with the last evidence of inspection being June 2017.



Figure 8. Fire extinguisher deficiencies in contract facilities in North Carolina (left), Arizona (center), and Texas (right).

Source: VA OIG.

OSHA Cleanliness Deficiencies

The review team also identified eight facilities from the initial inspection of 12 states with at least one cleanliness deficiency. Some deficiencies included common area cleanliness, lack of personal protective equipment (PPE) and single-use medical supplies, and lack of available hand sanitation equipment in designated areas.

Businesses are required to comply with the regulations issued under the Occupational Safety and Health Act.⁵² OSHA has regulations and guidance requiring covered businesses to maintain sanitary workplaces to ensure the safety and well-being of visitors and employees through regular cleaning.

⁵² “United States Department of Labor, Occupational Safety and Health Administration, Occupational Safety and Health Act of 1970, section 5: Duties” (web page).

Figure 9 shows facilities in Texas, New York, and California that had cleanliness concerns. In Texas, the fire alarm was found to be full of dead insects. In New York, the hallway floor was dirty, and the area was cluttered. In California, the exam room handwashing sink had stains and grime, as well as cobwebs in the drain.



Figure 9. Cleanliness deficiencies at contract exam facilities in Texas (left), New York (center), and California (right).

Source: VA OIG.

An MDEO assistant director stated that exam facilities represent the face of VA for veterans pursuing benefits. While the OIG recognizes that there are varying subjective standards of cleanliness, the photos in figure 9 clearly do not reflect cleanliness standards and are consistent with veterans' complaints of deficiencies in other contract facilities.⁵³

⁵³ The review team only looked at obvious cleanliness infractions.

Additional Inspections Identified More ADA Accessibility and OSHA Deficiencies

During June 2023, the OIG team inspected an additional 48 facilities in 10 states. Figure 10 shows facilities in New York, Oregon, and Idaho that were also noncompliant. The photograph on the left shows a house being used as a facility where exams are conducted. The facility had stairs and no available ramp. The photograph in the center shows a facility where no adjustable beds or transfer lifts were available. The photograph on the right shows a facility entrance without compliant hardware.



Figure 10. Noncompliant facilities in New York (left), Oregon (center), and Idaho (right).

Source: VA OIG.

Few Facilities Complied with ADA Accessibility and OSHA Standards

The OIG team visited 135 facilities nationwide, of which 99 had complete inspections and 36 had partial inspections.⁵⁴ Of the 99 facilities with complete inspections, 21 did not have any identified accessibility, safety, or cleanliness deficiencies.⁵⁵ For example, facilities in South Carolina, New York, and Missouri (figure 11) all had marked and sufficient handicap parking spaces with access aisles.

⁵⁴ Of the initial 87 facilities examined, 62 were complete inspections. In addition, 37 of the 48 facilities in the subsequent round of inspections were complete. The OIG only looked at overall compliance for these 99 complete inspections.

⁵⁵ The OIG focused on ADA and OSHA standards cited in the exam vendor contracts.



Figure 11. Facilities with handicap parking at contract exam facilities in South Carolina (left), New York (center), and Missouri (right).

Source: VA OIG.

The audio booths in Texas and Missouri (figure 12) were large and capable of accommodating a veteran in a wheelchair. The audio booth on the right, which has a slightly elevated door threshold, also had a ramp for easy wheelchair access.



Figure 12. Audio booths at contract exam facilities in Texas (left) and Missouri (right).

Source: VA OIG.

Figure 13 shows compliant facilities in Idaho, Minnesota, and Arizona. The Idaho facility had a wide doorway entrance, and the landing was large and even with the door threshold. The facility in Minnesota had compliant medical equipment. The equipment was adjustable and allowed for wheelchair access. The facility in Arizona had an accessible lower check-in counter.



Figure 13. Compliant facilities in Idaho (left), Minnesota (center), and Arizona (right).

Source: VA OIG.

Exams Scheduled at Facilities with ADA and OSHA Deficiencies May Create Difficulties for Veterans with Mobility Issues

MDEO stated in an email to the OIG that vendors are not allowed to cancel an exam specifically because a facility was not ADA compliant, noting that vendors would need to reschedule appointments if a room, booth, or exam table was not accessible at the time of the scheduled exam for someone who uses a wheelchair. However, one exam vendor told the team “every now and then” a motorized wheelchair is too big for a certain facility, and they have to cancel an exam at that location and reschedule at a place that can accommodate the wheelchair. The vendor could not confirm if its scheduling unit asked veterans if they needed accommodations at the time the appointment was set up.

The OIG’s inspection of exam facilities confirmed the presence of ADA deficiencies that may increase the risk of these facilities being unable to accommodate veterans with mobility issues, including those using wheelchairs. Rescheduling these exams after veterans have needlessly gone to a facility unable to accommodate them takes time and may entail traveling long

distances, which may also delay their claims from being processed. The OIG determined MDEO is not holding vendors accountable to ensure exam facilities are accessible, safe, and clean for veterans attending exams.

Recommendation 8 states that VBA should review and analyze all veteran complaints related to exam facilities received through all entities and perform complaint-based site visits or create action plans, as necessary.

Recommendation 9 is for MDEO to develop a plan with the vendors to determine if each veteran seeking an exam requires accessibility arrangements prior to scheduling.

Conclusion

MDEO is responsible for ensuring vendors adhere to the terms of the medical disability exam contracts, including meeting ADA and OSHA standards for accessibility, safety, and cleanliness. The OIG found that 114 of the 135 exam facilities the OIG inspected did not comply with those standards. The OIG review team found a significant number of deficiencies in these facilities, such as noncompliant handrails, improper door hardware or thresholds, limited access to audio booths, blocked exits, expired fire extinguishers, and lack of cleanliness. The noncompliance persisted because MDEO oversight was not effective at identifying and correcting deficiencies, particularly in failing to consistently conduct site visits in response to veterans' complaints. Until MDEO strengthens its oversight, it puts veterans with disabilities at risk of harm and may delay their access to benefits compensation. VBA must ensure contract exam facilities can safely accommodate all veterans seeking their services in a clean and accessible environment. Recognizing that the MDEO leaders have stated they have plans or are in the process of improving some of the deficiencies identified in this report, the OIG made nine recommendations for initiating or advancing corrective actions.

Recommendations 1–9

The OIG made nine recommendations to the under secretary for benefits:

1. Formalize the executive director's intent by requiring the submission to the OIG of a related plan and documentation of progress on implementing VA's maintenance of an independent and updated list of contract facilities.
2. Comply with the requirements of the customer satisfaction survey contract to route exam comment cards directly between the survey vendor and veteran.
3. Develop and implement formal standard operating procedures for the contract exam facility site visits detailing roles, responsibilities, objectives, and monitoring.
4. Update the Medical Disability Examination Office site visit checklist to include a focus on specific ADA and OSHA criteria required by contracts with exam vendors.

5. Complete a standardized training plan for staff who conduct site visits at contract exam facilities to include ADA and OSHA compliance.
6. Ensure the Medical Disability Examination Office is conducting complaint-based contract facility inspections.
7. Enforce contractual requirements for vendors to conduct inspections and recertify all facilities to ensure ADA and OSHA compliance.
8. Review and analyze all veteran complaints related to exam facilities received through all entities and perform complaint-based site visits or create action plans, as necessary.
9. Make certain that the Medical Disability Examination Office develops a plan with the vendors to determine if each veteran seeking an exam requires accessibility arrangements prior to scheduling.

VA Management Comments

The under secretary for benefits concurred in part with recommendation 1; concurred fully with recommendations 2, 3, 6, and 9; and concurred in principle with recommendations 4, 5, 7, and 8. VBA requested closure of recommendation 7 and provided a target implementation date of September 30, 2024, for the remaining recommendations. A summary of VBA's response to each recommendation follows (with full remarks in appendix C):

- **Recommendation 1. Concur in part.** VBA implemented a contract modification in February 2024 calling on all vendors to provide a quarterly active provider list. "This list would include all contract facilities that the vendor owns and operates or facilities that the vendor uses in a subcontracted relationship." To independently identify facilities for site visits, VBA will identify where exams were completed in the previous quarter in addition to the vendor-supplied provider lists. VBA is also developing a process to incorporate complaint-based site visits. However, VBA stated it is unable to independently verify all active subcontracts because exam vendors execute those agreements with third party medical professionals that VBA "is not privy to, nor does it have access to those agreements" before they are executed.
- **Recommendation 2. Concur.** In October 2023, VBA brought on a new customer satisfaction vendor. MDEO is also modifying contracts for the exam vendor contracts, which will position the new customer satisfaction vendor to send surveys directly to the veteran examined.
- **Recommendation 3. Concur.** VBA will formalize standard operating procedures for the contract exam facility site visits that detail roles, responsibilities, objectives, and monitoring.

- **Recommendation 4. Concur in principle.** VBA plans to continue requiring certification of ADA and OSHA compliance and will establish specific safety criteria for all facilities and make any necessary adjustments to its checklist. VBA noted exam contracts address general ADA and OSHA compliance but do not cite specific criteria for vendors to meet.
- **Recommendation 5. Concur in principle.** “VBA will review its current standardized internal training and job aids for this program and enhance these items as appropriate to ensure compliance with contractual requirements (see recommendation 4) and establish specific safety criteria that must apply to all facilities.” VBA noted that MDEO “does not employ certified ADA or OSHA inspectors.”
- **Recommendation 6. Concur.** In integrating complaint-based inspections, VBA will develop criteria to determine when MDEO will conduct them based on received allegations of problems.
- **Recommendation 7. Concur in principle.** VBA contends that it enforces contractual requirements by requiring vendors to certify ADA and OSHA compliance quarterly.⁵⁶ VBA states further that while exam vendor contracts require ADA and OSHA compliance, local laws and building codes may consider a facility ADA compliant despite having barriers to access. Accordingly, VBA “cannot impose specific items in the contract language to be considered ADA and OSHA compliant based on local laws and building codes.” It is important to note that the recommendation does not call on VA to contravene local law or code. VBA requested closure of this recommendation as implemented.
- **Recommendation 8. Concur in principle.** VBA stated it currently reviews all complaints, mandates investigations or action plans for surveys and identified concerns per contract requirements and collaborates with the exam vendor on mitigation strategies. VBA agreed to incorporate complaint-based contract facility inspections and to develop criteria to determine the need for facility inspections based on received complaints.
- **Recommendation 9. Concur.** VBA has provided “oral guidance for exam vendors” that requires them to ask veterans about any accessibility arrangements and to complete these arrangements during their review of the examination scheduling request. VBA will, however, provide “specific guidance to all exam vendors to ensure compliance, as well as incorporate a mechanism to improve consistency in this area through an auditing process.”

⁵⁶ The MDE contracts require vendors to provide an annual certified statement of verification of ADA and OSHA compliance for all facilities and a quarterly report that all facilities where claimants were seen meet all applicable local laws and regulations related to acceptable medical standards and all OSHA ADA requirements.

The under secretary for benefits also provided general comments, which the OIG addressed below and throughout the report. These VBA comments are also found in full in appendix C.

OIG Response

VBA's general comments focused on concerns with specific language the OIG used in the report. The OIG offers the following responses to the under secretary's general comments and has clarified language in the report when appropriate:

- **VBA general comment (Executive Summary page i, paragraph 2):** "VBA is concerned with the description in the Executive Summary page i, paragraph 2, regarding a requirement in VBA's Medical Disability Examination Office (MDEO) contracts to conduct both random and complaint-based site visits at contract facilities. MDEO contracts allow for random and complaint-based site visits at the discretion of VBA. VBA strives to ensure that all facility-based complaints are addressed promptly. Veteran and stakeholder feedback is valued and consistently sought in order to continue enhancing our processes. VBA has worked diligently to enhance its in-person site visit posture at contract facilities, conducting 72 visits in fiscal year (FY) 2022, 288 visits in FY 2023, and 102 visits in the first quarter of FY 2024, with a forecast of over 400 in-person visits by the end of FY 2024. Furthermore, in FY 2023, VBA implemented site visit protocols and revised its site visit checklist and reporting requirements, all of which were conveyed to OIG. The changes increased the number of site visits to be completed, but also improved and standardized the site visit process. In addition, VBA took steps to modify its contracts to require vendor participation in administrative site reviews (virtual desk reviews) to increase the level of oversight of contract exam vendor facilities. The contract modification was executed by all exam vendors in February 2024."

OIG response: VBA's original medical exam contracts "required" MDEO to conduct both random and complaint-based site visits at contract facilities. However, MDEO modified the contracts in September 2021, updating the language to show MDEO "may" conduct both random and complaint-based site visits at contract facilities. The OIG recognizes that current VBA modifications allow for random and complaint-based site visits at VBA's discretion. The review team concluded that this contract modification weakened MDEO's oversight of contract exam facilities, as supported by the results of this review. MDEO also reported increasing the number of site visits conducted in 2023 and is on target to exceed the 2023 site visit numbers. MDEO has also reported enhancements to its in-person site visits at contract facilities. The OIG recognizes VBA's efforts to improve contract exam facility site visits and has clarified Executive Summary page i, paragraph 2, acknowledging the change from the original contract to the September 2021 modification.

- **VBA general comment (Executive Summary, page ii, paragraph 1):** “VBA is also concerned with the application of OIG-developed criteria cited on page ii, first paragraph, which was used to assess VBA contract facilities. While OIG identified “violations” per their internally developed criteria, OIG could not provide any official violations on file for Americans with Disabilities Act (ADA) or Occupational Safety and Health Administration (OSHA) for any contract facilities.”

OIG response: The purpose and scope of the OIG’s review was not to identify official violations on file with ADA and OSHA, but rather to assess MDEO’s oversight of contract exam facilities’ accessibility, safety, and cleanliness. The team tested the effectiveness of MDEO’s oversight by directly inspecting 135 facilities. The team used MDEO’s own site visit checklist and identified accessibility, safety, and cleanliness deficiencies based on accepted ADA and OSHA criteria.

- **VBA general comment (Executive Summary, page ii, paragraph 2):** “VBA is concerned with the language used by OIG on page ii, paragraph 2, indicating that [having] exam satisfaction survey cards distributed by exam vendors affects the integrity of the survey process. While exam vendors distribute the survey as contractually required, all survey responses are received, analyzed, and evaluated by a third-party for tabulation and reporting thereby negating any data integrity issues for survey responses. Information about the customer satisfaction survey is included in each appointment letter to Veterans. MDEO also informed OIG that VBA was in the process of onboarding a new customer service vendor who would ultimately be responsible for sending exam satisfaction survey cards to Veterans directly. While VBA appreciates OIG’s perspective, it should be noted that their report failed to incorporate process changes that MDEO is conducting to enhance the customer service survey process and align with surveys conducted by the VA Veterans Experience Office, to include an additional survey question to assess Veterans’ trust in VA.”

OIG response: The OIG’s concern was that VBA has no assurance that all veterans received a survey card from the vendor they were seeing. The survey improvements are only effective if there are assurances that surveys are consistently given to all veterans—ensuring that those with a negative experience are also receiving the survey card. The OIG acknowledges that MDEO reported that as October 3, 2023, the survey vendor contract had been recompeted and a new vendor was ramping up, however there was no notification or discussion regarding enhancements to the customer service survey process.

- **VBA general comment (Executive Summary, page ii, paragraph 2):** “VBA is concerned with OIG language on page ii, paragraph 2, indicating that facilities were unsafe, unclean, and difficult for Veterans to access. VBA is committed to providing access to contract facilities for all Veterans with disabilities. VBA exam vendors have a

process in place to identify Veteran accessibility needs during the exam scheduling process to ensure that Veteran needs are met. When the need for an accommodation is identified, the Veteran will be scheduled at a facility that is able to support them. If a Veteran's need for special accommodations is not identified and they arrive at the facility and are unable to be seen, the Veteran will be rescheduled at another appropriate facility as soon as possible. As previously indicated, VBA routinely seeks feedback from Veterans and other stakeholders to make continuous improvements to internal processes and enhance the Veteran Experience."

OIG response: Although the contract requires vendors to certify ADA and OSHA compliance, the OIG observed inaccessible facilities, examination rooms, and audio booths, as well as other deficiencies. The concerns with cleanliness, safety, and accessibility were documented with photographs and/or noted for each inspected facility. Based on the contract requirements, all facilities should be able to support veterans with accessibility needs without the need for accommodations. The OIG acknowledges VBA's commitment to providing access to contract facilities for all veterans with disabilities. This commitment underscores the importance of fully implementing the OIG's recommendations for improving MDEO's oversight of contract exam facilities.

- **VBA general comment (Page 1, paragraph 5, page 2, paragraph 2 and page 3, paragraph 1):** "VBA is concerned with OIG language used on page 1, paragraph 5, page 2, paragraph 2 and page 3, paragraph 1, regarding ADA requirements for healthcare facilities. Disability examinations are strictly forensic, not clinical or treatment-related, thus there is no requirement that these examinations be conducted in medical facilities. MDEO contract language only requires that "Performance shall take place at the Contractor's place of business, or at the examination provider's place of business, or an appropriate place authorized by the VA." OIG repeatedly cites medical facilities and medical services, neither of which apply to VBA disability examinations."

OIG response: The OIG agrees that the contract does not require exams to be conducted in medical or healthcare facilities (although that is often the case) and has updated the report to remove language referencing medical or healthcare facilities. Nonetheless, places of business or appropriate places authorized by VA are required to be accessible, safe, and clean.

VBA provided acceptable action plans for implementation. All recommendations remain open at the time of publication. The OIG will monitor VBA's progress and close the recommendations when documentation of sufficient progress on implementation has been received.

Appendix A: Scope and Methodology

Scope

The review team conducted its work from February 2023 through January 2024. The OIG team reviewed 239,820 customer satisfaction survey responses from fiscal year (FY) 2022, and 247,758 customer satisfaction survey responses from FY 2021. The team focused on customer satisfaction survey responses with complaints of accessibility, safety, and cleanliness of contract facilities from January 1 through December 31, 2022 (the review period). The team then identified 27,091 contract facility locations where exams were conducted during the same period. Some exam locations contract with multiple examiners. An additional 75 contract facility locations were identified from complaints about them. The total universe for this initial review (based on information received from the Veterans Benefits Administration (VBA)) was 514,744. From this, the team inspected a random sample of contract facilities that completed exams during the review period. The team later received a list of 624 new exam facilities from VBA for contract exam locations that were added by vendors who completed exams from January 1 through March 31, 2023. The team then inspected a random sample of these contract facilities.

Methodology

To accomplish its objectives, the review team identified and examined applicable regulatory requirements, documentation, and actions related to VBA medical disability examination contracts regarding accessibility, safety, and cleanliness of contract facilities, and customer satisfaction survey results. The team interviewed and obtained information on the program from managers and employees from VBA's Medical Disabilities Examination Office (MDEO), the VA contracting officer associated with the contract medical disability exam program, as well as all four exam vendors and the customer satisfaction survey vendor and subcontractor. The team also conducted inspections of 135 contract exam facilities.

Internal Controls

The review team assessed the internal controls of VBA's MDEO oversight of contract exam facilities significant to the review objective. This included an assessment of the five internal control components: (1) control environment, (2) risk assessment, (3) control activities, (4) information and communication, and (5) monitoring.⁵⁷ In addition, the team reviewed the principles of internal controls related to the objective. The team identified the

⁵⁷ Government Accountability Office, *Standards for Internal Control in the Federal Government*, GAO-14-704G, September 2014.

following three components and three principles as significant to the objective.⁵⁸ For internal control weaknesses identified during this review, the OIG proposed recommendations to address the control deficiencies in table A.1.

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

| Component | Principle and applicable attribute(s) | Deficiency identified by this report |
|---------------------|---|--|
| Control environment | 5. Enforce accountability <i>Attribute: enforcement of accountability</i> | MDEO is not holding vendors accountable to ensure that exam facilities are accessible, safe, and clean. |
| Risk assessment | 7. Identify, analyze, and respond to risks: <i>Attribute: identification of risks</i> | MDEO is not performing complaint-based site visits. |
| Monitoring | 16. Perform monitoring activities <i>Attribute: internal control system monitoring</i> | MDEO is not monitoring vendors to ensure they are adhering to contractual obligations pertaining to contract facility inspections. |

Source: OIG analysis. The principles listed are consistent with the Government Accountability Office's Standards for Internal Control in the Federal Government.

Fraud Assessment

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

- soliciting the OIG's Office of Investigations for indicators,
- completing the fraud indicators and assessment checklist, and
- reviewing OIG's hotline for reports of fraud in the review area.

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

Data Reliability

The total number of facilities, facility names, facility locations, and vendor contracts with facilities were not verified by OIG's data team. MDEO did not have the list of facilities to send

⁵⁸ Since the review was limited to the internal control components and underlying principles identified, it may not have disclosed all internal control deficiencies that may have existed at the time of this review.

to the OIG. MDEO requested a list from the vendors and forwarded it to the OIG with the number of facilities, facility names, and locations. The OIG review team then compared the list of facilities that were the subject of complaints and comments to the list of total exam providers MDEO forwarded to the OIG. From the MDEO exam provider list, the OIG review team took the examiners' National Plan and Provider Enumeration System National Provider Identifier (NPI) number and ran it against the National Provider Identifier database to get an address.⁵⁹ The OIG review team then compared the addresses to the list provided by the vendors to MDEO in response to the OIG request. After the OIG received the list from MDEO, testing of the data disclosed sufficient reliability for the review objective. Comparison of the data with information contained in NPI searches showed the doctor's name and address. To confirm accuracy, the team reviewed the list using Google and Bing maps to validate the information. While no detailed testing was done, the OIG determined the data to be sufficiently reliable for the purpose of this review and report. The OIG team then visited locations where the team was able to find an address and there were complaints regarding accessibility, safety, and cleanliness. The team also visited sites of other exam facilities in the same general geographic area, including some with no complaints.

To validate compliance with accessibility, cleanliness, and safety of contract vendor exam facilities, the OIG team developed a five-page site visit protocol that collects identifying information and includes questions related to seven areas of concern. These areas are (1) facility location, (2) safety and protective equipment, (3) exam rooms, (4) general medical clinical equipment and supplies, (5) audiology clinical equipment and supplies, (6) ophthalmology or dental clinical equipment and supplies, and (7) protections for vulnerable veterans.⁶⁰ The findings from the team for each question were compiled in a master spreadsheet. Following team discussions, the master spreadsheet was updated to reflect "Not Applicable (N/A)" for any blank or missing answers, such as when a question was not applicable to a facility (including not providing a particular service related to the question) or when the team could not physically access the facility.

These facilities conduct at least one type of contract exam—general medical, mental health, dental, audio, pulmonary function tests, or optical—during the review period and the subsequent review of facilities added during January 1 through March 31, 2023.

⁵⁹ The National Plan and Provider Enumeration System creates and maintains National Provider Identifier data for healthcare providers. The National Provider Identifier is a website that allows users to search the registry for information on doctors, groups, and organizations.

⁶⁰ The OIG team did not identify issues with ophthalmology or dental clinical equipment and supplies in any of the facilities inspected.

Government Standards

The OIG conducted this review in accordance with the Council of the Inspectors General on Integrity and Efficiency's *Quality Standards for Inspection and Evaluation*.

Appendix B: Exam Vendor Contract Requirements and MDEO Site Visit Checklist

Exam Vendor Contract Requirements during the OIG Review Periods

8.0 TASKS AND DELIVERABLES

8.5 Task Five: The Contractor shall inspect all facilities where MDEs [medical disability exams] are conducted to ensure compliance with the Americans with Disabilities Act (ADA) and Occupational Safety and Health Administration (OSHA) guidelines. The Contractor shall provide an annual certified statement of verification of ADA and OSHA compliance. The Contractor shall also provide a Quarterly Report certifying the ADA and OSHA compliance of any new facilities added during that preceding quarter. This requirement applies to exams conducted within the United States, including its territories, possessions, and the Commonwealth of Puerto Rico, and does not apply to exams conducted outside of these locations. VA reserves the right to require the vendor to suspend any facility where concerns regarding health and safety of veterans have been identified by the PMO [Program Management Office]. Also, see Section 17.2 regarding licensed facilities.

10.0 EXAMINATION REQUIREMENTS

10.8 Soundproof Booth: Audiology examinations will take place in a soundproof booth, as set forth in OSHA Standard 1910.95 App D

14.0 COMMUNICATIONS WITH REGIONAL OFFICES

The Contractor may have conference calls with the Regional Offices, however, MDEPO [Medical Disability Examination Program Office] must be invited to the conference. Conversations shall be limited to local issues impacting Veterans or specific Veteran's claims. Any issues regarding the contract shall not be discussed without participation by the Medical Disability Examination Program Office (MDEPO). No vendor shall make arrangements with local VA leadership to cancel examinations or establish new protocols. There shall be no discussion regarding the distribution of work.

VAROs [VA regional offices] are required to utilize the Examination Scheduling Request Routing Assistance (ERRA) tool to determine if a request should be routed to VHA [Veterans Health Administration] or to a vendor. If it is to be routed to a vendor, VBMS [Veterans Benefits Management System] will determine the specific vendor. No vendor will request modifications to current VBA policies or procedures through VARO leadership. Should the need to modify policy or procedures arise, this will be coordinated through the MDEPO (*i.e.*, special ordering instructions for certain types of examinations). MDEPO can, and will, coordinate procedural changes on an as needed basis. No vendor will provide VARO leadership with any training materials or coordinate any such training. Any such materials or requests must be submitted to

MDEPO for review and possible dissemination and/or inclusion in national material. Elements of the site visit, such as the date, time, and RO [regional office] POC [point of contact] must be provided. Further, Contractor will include information in its monthly report, noting dates, locations and synopsis of site visits conducted in current month. Travel costs will be at the Contractor's expense and not reimbursed by VA.

The Government will not compensate or reimburse the Contractor or its SubContractors for any travel in relation to performance of any requirement under this contract, except for examinations for incarcerated or Housebound Veterans.

The MDEPO will conduct site visits on a random and complaint basis. Sites to be visited include corporate headquarters, established clinics, subcontracted clinics locations, complaint-based sites, call centers, and mobile clinics (if applicable). Two weeks advance notice will be given for site visits to corporate headquarters and call centers, 24-hour notice will be given prior to any complaint-based visit, and 48 hours for any random based visit to established clinics or subcontracted clinic locations. These advance notice timelines are put in place to minimizing [*sic*] any potential disruptions due to site visits. Contractors shall ensure that a member of their program management office is on-site for any random or complaint-based site visit. MDEPO staff members who may conduct site visits include leadership team, members of the acquisitions, quality and operations staffs, and medical officers. The standard of review for a site visit will be based on Americans with Disabilities Act (ADA), Joint Commission on Accreditation of Healthcare Organizations (JCAHO), OSHA, and any applicable state or local standards. Upon notice of a complaint-based site visit, complaint documentation will be provided to the Contractors leadership staff. Call center site visits will include a review of their call center operations, training, and call monitoring processes.

22.0 SAFETY

The Contractor shall ensure that all its facilities and SubContractor facilities are compliant with OSHA standards and the Americans with Disabilities Act (ADA).


Contract Modification September 9, 2021

4.11 MDEO Site Visits

The MDEO may conduct site visits on a random and/or complaint basis. Sites to be visited include corporate headquarters, established clinics, subcontracted clinics locations, complaint-based sites, administrative offices, and mobile clinics (if applicable). A one-week advanced notice will be given for site visits to corporate headquarters and administrative offices, 24-hour advanced notice will be given prior to any complaint-based visit, and 48 hours advanced notice for any random based visit to established clinics or subcontracted clinic locations. These advanced notice timelines are put in place to minimize any potential disruptions due to site visits. Contractors shall ensure that a member of their program management office is on site for any

random or complaint-based site visit. All MDEO staff members may conduct or participate in site visits. The standard of review for a site visit will be based on ADA, Joint Commission on Accreditation of Healthcare Organizations (JCAHO), OSHA, and any applicable state or local standards. Upon notice of a complaint-based site visit, complaint documentation will be provided to the Contractors leadership staff. Administrative Office site visits will include but is not limited to a review of their telephone operations, training, and call monitoring processes.

MDEO Site Visit Checklist

| | | | | |
|---|---|---|--------------------------|-----------------|
|  | MEDICAL DISABILITY EXAMINATION OFFICE (MDEO) CONTRACT VENDOR CLINICAL/MOBILE UNIT SITE VISIT CHECKLIST | | | |
| Date: | | | | |
| Name of Vendor: | Types of Examinations Conducted: | | | |
| | YES | NO | N/A | |
| Per Diem/Traveling Provider Location? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| Vendor Facility? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| Mobile Unit? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| If applicable, Location of Mobile Unit: | | | | |
| Name of Medical Provider/Facility Inspected: | | Address: | | |
| Telephone: | | City/State: | Zip Code: | |
| <input type="checkbox"/> Initial Site Visit | | <input type="checkbox"/> Follow-up Site Visit | | |
| <input type="checkbox"/> Other (state reason for Site Visit) | | | | |
| Site Visit Team/ Attendees (include Names and Titles): | | | | |
| 1. LOCATION | | | | |
| | YES | NO | N/A | COMMENTS |
| Provider/Clinic location identified with ease and signage is readable? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| Building accessible, to include parking and wheelchair ramp? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| Clinic entrance/office wheelchair accessible? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| If applicable, stairways clear and unblocked? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| If applicable, handrails, handholds in place and secure? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |

| | | | | |
|--|--------------------------|--------------------------|--------------------------|-----------------|
| Flooring safe, and free of tripping hazards? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| Clinic furniture in good repair, and safe to use? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| Common areas (bathrooms, waiting rooms) clean and well-maintained? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| Exit signs clearly visible and lead to an appropriate exit? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| Exit free of obstacles? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| Evacuation plan posted? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| <i>Mobile Unit Only</i> - Generator or back-up battery system to power mobile unit in case of power failure? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| <i>Mobile Unit Only</i> - Levelling/stabilizing feature to prevent unit from shifting when parked? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| <i>Mobile Unit Only</i> - Blinds, drapes, and/or privacy tint to prevent view of coach interior from outside the unit? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| 2. INTAKE PROCESS AND VETERAN MEDICAL RECORDS | | | | |
| | YES | NO | N/A | COMMENTS |
| Appropriate process in place to verify Veteran identification? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| Veteran check-in process provides for privacy? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| Veteran records properly secured? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| System in place to ensure the provider receives Veteran's records? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| Facility has a procedure for reporting appointment attendance? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| Staff has knowledge of VA MDE program, and importance of the Veteran's experience? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| 3. STAFF SAFETY AND PROTECTIVE EQUIPMENT | | | | |
| | YES | NO | N/A | COMMENTS |
| Facility has an incident reporting plan? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| PPE available and utilized, as required? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| 4. EXAMINATION ROOMS | | | | |
| | YES | NO | N/A | COMMENTS |

| | | | | |
|---|--------------------------|--------------------------|--------------------------|-----------------|
| Are examination rooms accessible for people using wheelchairs? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| Patient examination rooms ensure privacy? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| Appropriate hand sanitation protocol followed? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| Single use PPE (gloves, masks, face masks) available? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| 5. GENERAL MEDICAL CLINICAL EQUIPMENT AND SUPPLIES | | | | |
| | YES | NO | N/A | COMMENTS |
| Examination table available that is accessible to all patients (adjustable height and support systems) and sanitary (disposable examining table paper or clean bed sheets are used)? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| Medical supplies (adhesive bandages, antiseptic wipes, cotton swabs, tongue depressors, gauze, paper towels, tissues) available and stored hygienically (e.g., in drawers, cabinets, etc.)? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| Medical instruments (blood pressure monitor, thermometer, stethoscope, otoscope and tips, ophthalmoscope, reflex hammer, goniometer) available and in good repair/functional state? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| 6. AUDIOLOGY CLINICAL EQUIPMENT AND SUPPLIES | | | | |
| | YES | NO | N/A | COMMENTS |
| Is sound booth accessible or boothless test environment available? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| Calibration date (within one year) displayed on all diagnostic equipment to include sound booth? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| Cerumen management protocol and supplies available? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| Single use speculum, probe tips, inserts, and earphone covers available? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |

| 7. OPHTHAMOLOGY CLINICAL EQUIPMENT AND SUPPLIES | | | | |
|--|--------------------------|--------------------------|--------------------------|----------|
| | YES | NO | N/A | COMMENTS |
| Tonometer available? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| Visual Field Perimeters available? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| Slit lamp available? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |

| 8. DENTAL CLINICAL EQUIPMENT AND SUPPLIES | | | | |
|--|--------------------------|--------------------------|--------------------------|----------|
| | YES | NO | N/A | COMMENTS |
| Dentist Chair available? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| Dental mirrors available? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |

| 9. PROTECTING VULNERABLE VETERANS | | | | |
|---|--------------------------|--------------------------|--------------------------|----------|
| | YES | NO | N/A | COMMENTS |
| Protocol in place should a Veteran be identified as suicidal/homicidal, or become aggressive/violent? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| Procedure in place to provide Veterans Crisis Line number? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |

REQUIRED CORRECTIONS FOR SECTIONS 1-9

Note: All deficiencies should be noted in this area with detailed findings to support final report, and a follow-up plan.

| SECTION # | DESCRIPTION | DUE DATE |
|-----------|-------------|----------|
| | | |
| | | |

Observations/Comments:

Photographs:

Appendix C: VA Management Comments

Department of Veterans Affairs Memorandum

Date: March 21, 2024

From: Under Secretary for Benefits (20)

Subj: OIG Draft Report - Better Oversight Needed of Accessibility, Safety, and Cleanliness at Contract Facilities Offering VA Disability Exams [Project No. 2023-01059-AE-0038] — [VIEWS 11324299]

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

1. Attached is VBA's response to the OIG Draft Report: Better Oversight Needed of Accessibility, Safety, and Cleanliness at Contract Facilities Offering VA Disability Exams

The OIG removed point of contact information prior to publication.

(Original signed by)

Joshua Jacobs

Attachment

Attachment

**Veterans Benefits Administration (VBA)
Comments on OIG Draft Report
Better Oversight Needed of Accessibility, Safety, and Cleanliness at Contract Facilities Offering
VA Disability Exams**

The Veterans Benefits Administration concurs with the Office of Inspector General's findings and provides the following comments:

VBA takes the safety of Veterans as its utmost priority and continues to work diligently to enhance both Veteran safety and the Veteran Experience overall.

Executive Summary page i, paragraph 2:

VBA is concerned with the description in the Executive Summary page i, paragraph 2, regarding a requirement in VBA's Medical Disability Examination Office (MDEO) contracts to conduct both random and complaint-based site visits at contract facilities. MDEO contracts allow for random and complaint-based site visits at the discretion of VBA. VBA strives to ensure that all facility-based complaints are addressed promptly. Veteran and stakeholder feedback is valued and consistently sought in order to continue enhancing our processes. VBA has worked diligently to enhance its in-person site visit posture at contract facilities, conducting 72 visits in fiscal year (FY) 2022, 288 visits in FY 2023, and 102 visits in the first quarter of FY 2024, with a forecast of over 400 in-person visits by the end of FY 2024.

Furthermore, in FY 2023, VBA implemented site visit protocols and revised its site visit checklist and reporting requirements, all of which were conveyed to OIG. The changes increased the number of site visits to be completed, but also improved and standardized the site visit process. In addition, VBA took steps to modify its contracts to require vendor participation in administrative site reviews (virtual desk reviews) to increase the level of oversight of contract exam vendor facilities. The contract modification was executed by all exam vendors in February 2024.

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VBA is concerned with OIG language on page ii, paragraph 2, indicating that facilities were unsafe, unclean, and difficult for Veterans to access. VBA is committed to providing access to contract facilities for all Veterans with disabilities. VBA exam vendors have a process in place to identify Veteran accessibility needs during the exam scheduling process to ensure that Veteran needs are met. When the need for an accommodation is identified, the Veteran will be scheduled at a facility that is able to support them. If a Veteran's need for special accommodations is not identified and they arrive at the facility and are unable to be seen, the Veteran will be rescheduled at another appropriate facility as soon as possible. As previously indicated, VBA routinely seeks feedback from Veterans and other stakeholders to make continuous improvements to internal processes and enhance the Veteran Experience.

Page 1, paragraph 5, page 2, paragraph 2 and page 3, paragraph 1:

VBA is concerned with OIG language used on page 1, paragraph 5, page 2, paragraph 2 and page 3, paragraph 1, regarding ADA requirements for healthcare facilities. Disability examinations are strictly forensic, not clinical or treatment-related, thus there is no requirement that these examinations be conducted in medical facilities. MDEO contract language only requires that "Performance shall take place at the Contractor's place of business, or at the examination provider's place of business, or an appropriate place authorized by the VA." OIG repeatedly cites medical facilities and medical services, neither of which apply to VBA disability examinations.

The Veterans Benefits Administration provides the following comments in response to the recommendations:

Recommendation 1: Formalize the executive director's intent by requiring the submission to the OIG of a related plan and documentation of progress on implementing VA's maintenance of an independent and updated list of contract facilities.

VBA Response: Concur in part. VBA implemented a contract modification for a quarterly active provider list from all vendors in February 2024. This list would include all contract facilities that the vendor owns and operates or facilities that the vendor uses in a subcontracted relationship. VBA is unable to independently verify all active subcontracts that a vendor has without the vendor supplying that information. Exam vendors execute subcontracted agreements with third party medical professionals to conduct examinations, and VBA is not privy to, nor does it have access to those agreements prior to the execution of the subcontracted relationships.

For VBA to independently identify facilities where we may conduct site visits, VBA is implementing a process which will identify exam facilities where exams were completed in the quarter prior, in addition to the vendor supplied lists of active providers. VBA is also working to develop a process to incorporate complaint-based site visits.

Target Completion Date: September 30, 2024

Recommendation 2: Comply with the requirements of the customer satisfaction survey contract to route exam comment cards directly between the survey vendor and Veteran.

VBA Response: Concur. VBA advised OIG that, in October 2023, VBA onboarded a new customer satisfaction vendor. This vendor has completed their contractual ramp-up period, and MDEO is in the process of making contract modifications for the exam vendor contracts. This modification will enable the new customer satisfaction vendor to send all surveys directly to the Veteran or Service member who was examined by the exam vendor.

Target Completion Date: September 30, 2024

Recommendation 3: Develop and implement formal standard operating procedures for the contract exam facility site visits detailing roles, responsibilities, objectives, and monitoring.

VBA Response: Concur. A formal site visit protocol document already exists to govern MDEO clinical site visits and other engagement activities as well as a formal standard operating procedures (SOP) document for coordinating clinical site visits. VBA will work to formalize SOPs for the contract exam facility site visits detailing roles, responsibilities, objectives, and monitoring. VBA expects this SOP to be finalized in September 2024.

Target Completion Date: September 30, 2024

Recommendation 4: Update the Medical Disability Examination Office site visit checklist to include a focus on specific ADA and OSHA criteria required by contracts with exam vendors.

VBA Response: Concur in principle. Veteran safety is one of the most important aspects of the contract exam process. Currently, the exam contracts address general ADA and OSHA compliance and do not cite any specific items to which vendors must adhere. VBA plans to continue to require ADA/OSHA certification compliance and will work to establish specific safety criteria that must apply to all facilities and make any necessary adjustments to its checklist as applicable.

Target Completion Date: September 30, 2024

Recommendation 5: Complete a standardized training plan for staff who conduct site visits at contract exam facilities to include ADA and OSHA compliance.

VBA Response: Concur in principle. VBA has established and provided specific training and job aids on how to conduct site visits, however, it is important to note that VBA's MDEO does not employ certified ADA or OSHA inspectors. VBA will review its current standardized internal training and job aids for this program and enhance these items as appropriate to ensure compliance with contractual requirements (see recommendation 4) and establish specific safety criteria that must apply to all facilities.

Target Completion Date: September 30, 2024

Recommendation 6: Ensure Medical Disability Examination Office is conducting complaint-based contract facility inspections.

VBA Response: Concur. VBA will work to incorporate complaint-based contract facility inspections and will develop criteria to determine the need for facility inspections based on received complaints.

Target Completion Date: September 30, 2024

Recommendation 7: Enforce contractual requirements for vendors to conduct inspections and recertify all facilities to ensure ADA and OSHA compliance.

VBA Response: Concur in principle. VBA already enforces contractual requirements for vendors by requiring ADA and OSHA compliance certification from vendors on a quarterly basis.

VBA maintains that while exam vendor contracts require ADA and OSHA compliance, local laws and building codes may indicate that a facility is ADA compliant despite having barriers to access. VBA cannot impose specific items in the contract language to be considered ADA and OSHA compliant based on local laws and building codes.

VBA considers this recommendation fully implemented and requests closure.

Recommendation 8: Review and analyze all Veteran complaints related to exam facilities received through all entities and perform complaint-based site visits or create action plans, as necessary.

VBA Response: Concur in principle. VBA already reviews all complaints received. VBA collaborates with the exam vendor on mitigation strategies. VBA also requires investigations and/or action plans for both complaints received and customer satisfaction survey responses. The contract states that within 15 calendar days, the Contractor shall develop a Service Recovery Plan to address any negative customer service trends. The plan shall outline the approach to resolving negative feedback and the timeline for addressing the issue(s) and immediately address any feedback presented by the Contracting Officers' Representative (COR) in response to the survey results. VBA will work to incorporate complaint-based contract facility inspections and will develop criteria to determine the need for facility inspections based on received complaints.

Target Completion Date: September 30, 2024

Recommendation 9: Make certain that the Medical Disability Examination Office develops a plan with the vendors to determine if each Veteran seeking an exam requires accessibility arrangements prior to scheduling.

VBA Response: Concur. VBA has already provided oral guidance for exam vendors which requires vendors to inquire about any accessibility arrangements and for the vendors to complete these actions during their review of the Examination Scheduling Request (ESR). However, VBA will provide specific guidance to all exam vendors to ensure compliance, as well as incorporate a mechanism to improve consistency in this area through an auditing process.

Target Completion Date: September 30, 2024

*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

Contact For more information about this report, please contact the Office of Inspector General at (202) 461-4720.

Review Team Steve Bracci, Director
John Bahrenburg
Jody Hadley
Jason Hokanson
Stephen House
Pauline Valdez Schmitt

Other Contributors Yvette Banker
Kim Cragg
Charles Hoskinson
Alicia Yopez

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