

Wounded Warrior Project
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August 16, 2017

The Honorable David Shulkin
Secretary of Veterans Affairs
United States Department of Veterans Affairs
810 Vermont Avenue, N.W.
Washington, DC 20420

Re: Pending Expiration of the Assisted Living for Veterans with Traumatic Brain Injury Pilot Program

Dear Secretary Shulkin,

As part of our mission to honor and empower wounded warriors, Wounded Warrior Project (WWP) places a high priority on the care and rehabilitation of warriors who have sustained traumatic brain injuries (TBI). As both a care and community support coordinator and an advocate for improving public and private clinical care for TBI, our concerns have been heightened by the approaching sunset date for the Assisted Living for Veterans with Traumatic Brain Injury (AL-TBI) pilot program.

For those with some of the most severe TBI, suitable treatment options are limited and the cost of care is high. When the AL-TBI pilot program was reauthorized in 2014 to address these issues, Senator Cory Booker (D-NJ) correctly observed that the Department of Veterans Affairs (VA) “offers no alternative program that replicates the comprehensiveness of the rehabilitative care, the benefit of providing care in a residential setting, and the positive impact on veterans of sustained, longer-term care.”¹ VA’s own estimate of the average cost for the specialized residential rehabilitation care offered through the AL-TBI pilot program is \$500.00 per day.²

The AL-TBI pilot program is set to expire on October 6, 2017, and despite VA’s commitment to continue caring for currently enrolled veterans, questions from patients and their families and caregivers about how that care will be delivered and how much it will cost remain unanswered. We urgently write today to relay their concerns, ensure that their questions are answered, and confirm that every currently enrolled patient has a suitable care plan beyond October 6, 2017. Based on the feedback we have received, the most important points of interest are as follows:

¹ 160 Cong. Rec. S4,504 (daily ed. July 15, 2014) (statement of Sen. Cory Booker).

² U.S. DEP’T OF VETERANS AFFAIRS, QUARTERLY REPORT ON THE ASSISTED LIVING PILOT FOR VETERANS WITH TRAUMATIC BRAIN INJURY: OCTOBER 1, 2016 TO DECEMBER 31, 2016 (2017).

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- 1. How many currently enrolled AL-TBI patients have a confirmed treatment plan beyond October 6, 2017?** We have learned that VA intends to develop transition plans for currently enrolled patients, but several families have shared that – less than two months from the program’s expiration – they have not been presented with a care plan.
- 2. For currently enrolled patients whose confirmed treatment plan includes continuing care at their current AL-TBI facility, what expenses will VA cover?** We have learned that VA intends to cover the cost of medical and rehabilitative care for these veterans, but any room and board costs would fall on the patient. If this is true, additional information on the legal authority being used to cover the cost of care and what legal authority is needed to cover the cost of housing would assist in our advocacy on behalf of these veterans.
- 3. For currently enrolled patients whose confirmed treatment plan does not include continuing care at their current AL-TBI facility, has VA presented the option to remain in the facility and under what circumstances?** While some patients’ presentations indicate that continued enrollment is the best care option, we have concerns that for some this may be a preferred option that was not offered.
- 4. For currently enrolled patients who do not have a confirmed treatment plan, how will VA proceed to ensure that one is in place before October 6, 2017?** While some currently enrolled patients may have confirmed treatment plans, others have indicated that the options being presented by VA include out-of-pocket expenses and/or are located outside of the family’s geographical bandwidth. Moreover, several patients and families have expressed uncertainty about what support and services will be provided in a home-based setting. We want to ensure that every patient and family has been presented with viable options for care.

Other questions remain about how VA can extend community-based residential care to more of the estimated 36,000 veterans who have incurred a moderate or severe TBI since 2000, what enhanced care options can be offered to the nearly 300,000 veterans who have suffered a mild TBI over that same period, and what the future of long-term care offered by VA will look like. However, clearer answers to the questions above are needed for current AL-TBI patients – and their families – as soon as possible³. These answers are crucial to ensuring that potentially dozens of veterans are not left without a viable option for TBI care.

We respectfully request for your staff to deliver responses to these questions by early September.

Clarity on these issues will provide all relevant stakeholders with the time and facts necessary to coordinate suitable plans before the program’s October 6, 2017 sunset date. As you know, Ms. René Bardorf is our leader

³ DEF. AND VETERANS BRAIN INJURY CTR., DOD NUMBERS FOR TRAUMATIC BRAIN INJURY WORLDWIDE TOTALS (2017).

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in Washington. She is copied on this correspondence and can be reached at rbardorf@woundedwarriorproject.org or (202) 558-4331 if you have any inquiries.

We appreciate the work VA has done through the AL-TBI pilot program, particularly for those patients who have experienced positive changes in several domains, including general health, activity tolerance, and social activities. Regardless of the program's future, we hope that more veterans continue to have access to specialized residential rehabilitation care, which has proven to be vital in recovery. We look forward to continuing to work with you, your staff, and the greater community to address these issues and others that arise in the course of our conversations.

Sincerely,

Lt. Gen. Michael S. Linnington (ret.)
Chief Executive Officer
Wounded Warrior Project

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