

Health Care Critical Issues

2 Increase and Expand Extended Care Services and Supports

Long-Term Services and Supports

The Department of Veterans Affairs' (VA) Veterans Health Administration (VHA) faces several critical challenges as it develops its long-term care (LTC) strategy for an aging veteran population to include workforce shortages, geographic alignment of care, and the specialty care needs of our veterans. VA estimates that by 2039, the number of elderly veterans will double and the number of enrolled veterans who are 85 years or older will grow by almost 40 percent. More alarming, VA estimates the number of veterans in priority group 1A who are at least 85 years old is expected to grow by 588 percent. As a result, there will be a tremendous need for both institutional and noninstitutional care for these veterans in the near future. A wide range of long-term services and supports (LTSS) must be available to help veterans as they age, from occasional help around the house to around-the-clock clinical care.

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Currently, VA must provide LTSS to veterans in priority group 1A, regardless of age, who are rated 70 percent disabled or greater and need LTC for any reason. It also must provide LTSS to service-disabled veterans who need care because of their service-connected disabilities, as well as such care to all veterans based on need and availability.

To meet the needs of this population, VA should pay more attention to the geographical availability of care, particularly for disabled veterans who require specialized care. For example, VA has six spinal injury/

disease (SCI/D) LTC facilities, but only one is located west of the Mississippi River, in Long Beach, California. This facility has only 12 SCI/D LTC beds available. Although projects are underway in San Diego and Dallas to provide more SCI/D LTC beds, the need far outweighs the supply.

Home and Community-Based Services

VA provides home and community-based care services (HCBS)—referred to as noninstitutional care—through programs like Veteran-Directed Care (VDC), home-based primary care, adult day health care, respite care, medical foster homes, and homemaker and health-aid services. Most aging veterans prefer to receive care through these types of home-based programs. Current law limits what VA can pay annually for noninstitutional care to 65 percent of the cost of nursing home care. When veterans reach this cap, they must seek other payment options or be personally liable for the cost.

Many veterans are also seeking better access to HCBS programs, such as VDC. VDC supports veterans and their families in a way that puts their needs first. Rather than asking families to navigate different benefits and applications, veterans in this program are given a flexible budget for services that can be managed by themselves or their caregivers. However, this program is not available at every VA health care facility. VA announced in 2022 that it intends to expand the program in the coming years, but veterans need access to care now.

The IBVSOs Recommend ✓

- ★ Congress eliminate the annual cap on noninstitutional care.
- ★ Congress expand the availability of institutional and non-institutional care, but grow HCBS at a faster rate than institution-based care.
- ★ Congress mandate that all HCBS, including VDC, be made available at all VA medical centers.

Caregiver Support Program

VA's Program of Comprehensive Assistance for Family Caregivers (PCAFC), which began in 2010, provides much-needed assistance to severely disabled veterans and their caregivers. While the program has been life-changing for tens of thousands of veterans and caregivers, VA has been unable to consistently, transparently, and equitably administer the eligibility, reassessment, and appeals processes associated with the program. While The Independent Budget veterans service organizations (IBVSOs) are pleased the PCAFC was expanded to cover caregivers of veterans from all eras, the current regulations, which were adopted in 2019, have not addressed the longstanding, systemic problems related to eligibility. As a result, VA Secretary McDonough suspended reassessments and removals from the program until better solutions could be found.

In April 2021, the Court of Appeals for Veterans Claims, in the *Beaudette v. McDonough* decision, determined that veterans and caregivers had the right to appeal unfavorable decisions related to the PCAFC program to the Board of Veterans' Appeals, which included full due process rights under the Appeals Modernization

Act (AMA). For the past two years, VA has been working with caregivers and VSO stakeholders, as well as Congress, to develop new eligibility criteria, reassessment rules, and appeals processes to address problems with the program, with the goal of adopting new regulations.

The IBVSOs Recommend ✓

- ★ Congress enact legislation and VA promulgate regulations to create more consistent, transparent, and equitable eligibility criteria and reassessment rules for the PCAFC.
- ★ Congress enact legislation to appropriately grandfather eligibility for veterans in the program before enactment of any new eligibility regulations and guarantee the continuation of full due process, notification, and appeal rights provided by the *Beaudette* decision and the AMA legislation.



