

5 Ensure Veterans Access to Long Term Care & Support Services

The Department of Veterans Affairs (VA) supports institutional LTC for aging and severely disabled veterans by operating 131 Community Living Centers (CLCs), providing grants and per diem support to 157 State Veterans Homes (SVHs), and providing per diem support to veterans in hundreds of community nursing facilities. While VA has made strides to increase and rebalance the use of noninstitutional services and support, there remains a growing number of aging veterans who will require long-term institutional care. Through its CLCs and SVHs, VA supports approximately 30,000 LTC beds in skilled nursing and domiciliary facilities, a tiny fraction of the overall number that aging veterans require today and will require in the future. While VA must continue to expand its noninstitutional, home-based services and support, there remains a significant number of veterans who will require institutional care in the days ahead. The VA must develop a strategic plan that estimates the number of veterans who will require institutional LTC and the number that VA will support. VA must also plan to build, maintain, and support sufficient LTC facilities within its CLC and SVH systems.

Increase Support for Aging Veterans & Veterans with Significant Disabilities

Additionally, veterans with significant disabilities, like spinal cord injuries, require specialized care that far exceeds VA's LTC bed capacity. According to VHA Directive 1176, Appendix F,¹ VA is required to maintain 198 authorized LTC beds at spinal cord injury or disorder (SCI/D) Centers to include 181 operating beds. When the demand for VA LTC beds exceed VA's LTC bed capacity, VA has the authority to place the veteran in a community nursing home facility. However, VA often finds it difficult to place them in a community nursing home facility due to their SCI/D. VA must expand the number of VA LTC facilities and LTC SCI/D beds across the VA health care system.

Support Additional Models of Institutional Care

SVHs operate skilled nursing and domiciliary care programs; however, recent changes to VA regulations threaten the continued viability of domiciliary care programs currently helping thousands of veterans. Leadership from SVHs has requested that VA consider supporting additional institutional care models, including enhanced domiciliary care and assisted living, to help fill the gap between VA Home and Community-Based Services (HCBS).

According to a U.S. Government Accountability Office (GAO) February 2020 report², "*entitled Veterans' Use of Long-Term Care Is Increasing, and VA Faces Challenges in Meeting the Demand*," the VA provides or purchases LTC for eligible veterans through 14 LTC programs. From fiscal years 2014 through 2018, VA data showed that veterans receiving care through these programs increased 14 percent (from 464,071 to 530,327 veterans). The obligations for these programs increased 33 percent (from \$6.8 to \$9.1 billion). VA projects the demand for LTC will continue to increase, driven in part by growing numbers of aging veterans and veterans with service-connected disabilities. Expenditures for LTC are projected to double by 2037. According to VA officials, the department plans to expand veterans' access to noninstitutional programs, when appropriate, to prevent or delay nursing home care and to reduce costs.³

Add Oversight of Geriatrics & Extended Care (GEC)

GAO's February 2020 report included the following three recommendations: 1) The Secretary of VA should direct GEC leadership to develop measurable goals for its efforts to address key LTC challenges (workforce shortages, geographic alignment of care, and difficulty meeting veterans' needs for specialty care); 2) the Secretary of VA should direct GEC leadership to set time frames for and implement a consistent GEC structure at the VA Medical Center (VAMC) level; and 3) the Secretary of VA should direct GEC leadership to set time frames for and implement a VAMC-wide standardization of the tool for assessing the noninstitutional program needs of veterans.

GAO also indicated the VA currently faces three key challenges meeting the growing demand for LTC: 1) find-



ing enough workers; 2) providing care where geographically needed; and 3) providing specialty care. GAO further noted that VA identified issues with inconsistency in managing the 14 LTC programs at the VAMC level that could lead to inefficient and inequitable decisions across VA. While GEC has taken some steps to address the challenges it faces in meeting the demand for LTC, it approved a strategic plan in March 2019 that shows it has not yet established measurable goals to address these three key challenges.

Specifically, GEC has not established measurable goals for its efforts to address workforce shortages, such as specific staffing targets necessary to address the waitlist

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for the home-based primary care program, or defining the number of rural providers it expects to train through the Geriatrics Scholar program.

The Independent Budget veterans service organizations (IBVSOs) believe that GEC must establish measurable goals to address the geographic alignment of care, such as specific targets for providing LTC within the Home Telehealth and Veteran-Directed Care programs. GEC

also must establish measurable goals for its efforts to address difficulties in challenges meeting veterans’ needs for specialty care, such as specific targets for the number of available ventilators or the number of caregivers educated to help veterans with dementia.

Cover Costs of Medical Foster Homes (MFHs)

Many veterans with a disability due to complex chronic diseases or traumatic injuries may not be able to safely live independently or may have care needs that exceed the capabilities of their families. Traditionally, this situation was resolved by nursing home placement. However, many veterans prefer to live in a home-like setting rather than a nursing home. With the proper support, many veterans who previously would have been placed in nursing homes can continue to live in a home and delay, or totally avoid the need for nursing home care. To address this need, VA implemented the medical foster home (MFH) program. A MFH is a private home where a MFH caregiver, who must own or rent the MFH and reside there with assistance from relief caregivers, provides a safe environment, room and board, supervision, and personal assistance, as appropriate, for each veteran. The choice to become a resident of a MFH is a voluntary one on the part of each veteran, and the veteran is responsible for paying the room and board charges of the MFH.

One challenge veterans encounter with the MFH program is under current law: it does not cover the MFH care payment. Therefore, the care provided through the program is at the expense of the veteran and his/her family or legal representative. In 2019, the 116th Con-

gress introduced H.R. 1527, titled “The Long-Term Care Veterans Choice Act.”⁴ The bill would have amended title 38, United States Code, to authorize the Secretary of VA to enter into contracts and agreements for the placement of veterans in non-Department MFHs for certain veterans who are unable to live independently at VA expense. However, the bill was never enacted into law.

Accelerate Caregiver Program Expansion

The VA MISSION Act outlined a two-phase approach for implementing the caregiver expansion. The law required the first phase to begin on October 1, 2019, approximately 16 months after the law was enacted. However, due to Information Technology delays and failures, VA did not begin the first phase – which includes eligible veterans

who became severely injured or ill on or before May 7, 1975 – until October 1, 2020, a full year later than the law required. As a result, the second phase – which will include veterans who became severely injured or ill between May 8, 1975, and September 10, 2001 – will not begin until October 1, 2022, two years later as required by the law. However, there are no logistical or operational impediments to moving up the second phase of the caregiver expansion to October 1, 2021, as Congress intended. VA has confirmed that its new caregiver IT system does not require any additional functionality or capacity to handle the increased workload anticipated during phase II and VA can easily hire the additional 700 staff over the next year. Veterans and their caregivers should not have to continue waiting for this critical support. ♦

The IRVCOs Recommendation

- Congress conduct rigorous oversight on VA LTC to ensure VA GEC services meet the needs of veterans by reducing service gaps in VA HCBS, offering newer innovative models of care, and transforming policies and infrastructure that govern VA Long Term Services and Supports. Management should include a GAO request to conduct a follow-up report on the availability of, and veterans’ access to VA HCBS, as well as VA’s justification for its LTC budget requests.
- Congress direct VA to establish standards for and implementation of a VAMC-wide standardization tool for assessing the noninstitutional program needs of veterans.
- Congress require VA to establish a pilot program to allow SVHs and domiciliary care programs to offer varying levels of care, to include assisted living programs. Each program would be eligible for enhanced levels of per diem, construction grants, and other appropriate VA support.
- VA direct GEC to set time frames and implement a consistent GEC structure at the VAMC level.
- VA establish measurable goals for efforts to address key LTC challenges including workforce shortages, geographic alignment of care, and meeting veterans’ needs for specialty care.
- VA make a sustained commitment to request and allocate sufficient resources for successful LTC rebalancing and adopt appropriate incentives to motivate the VA’s LTC system’s rebalancing.
- VA adopt an evidence-based needs assessment instrument to determine the sufficient level of HCBS needed for veterans and caregivers to remain active participants in their communities.
- Congress pass legislation authorizing VA to enter into contracts and agreements for the placement and payment of MFHs for veterans unable to safely live independently.
- Congress enact legislation to begin phase two of the caregiver program expansion on or before October 1, 2021.

