

Expand Access to VA Long-Term Services and Supports

THE ISSUE

The nation's lack of sufficient long-term services and supports is a barrier for people with catastrophic disabilities who now live longer due to medical advancements. The Department of Veterans Affairs (VA) provides or purchases these supports and services for eligible veterans through institutional settings like nursing homes and non-institutional settings like veterans' homes.

Few nursing home facilities can appropriately serve veterans with spinal cord injuries and disorders (SCI/D). VA operates six specialty facilities, only one of which lies west of the Mississippi River. Many aging veterans with SCI/D need VA facility-based care, but the department currently only has the capacity to provide it for about 200 patients. VA has the authority to place veterans in community nursing home facilities; however, it is nearly impossible in some places to find community placements for veterans who are ventilator-dependent and those with bowel and bladder care needs. Additionally, providers often lack SCI/D training, which can result in compromised quality of care and poor outcomes.

Many paralyzed veterans prefer to receive non-institutional care or home and community based-services (HCBS). VA HCBS must be more accessible to veterans with catastrophic disabilities. The Veteran Directed Care (VDC) program, which allows veterans to receive HCBS in a consumer-directed way, is not currently available at all VA medical centers and will not be fully expanded across the nation until fiscal year 2026. In addition, VA's Homemaker and Home Health Aid program does not always provide the level of support required to help paralyzed veterans live whole, productive lives, particularly during times of home care worker (caregiver) shortages. The VA's Program of Comprehensive Assistance for Family Caregivers (PCAFC) also needs congressional oversight as VA sets to expand the program to veterans of all eras by October 1, 2022. This comes as VA has significantly tightened eligibility for the program making it both difficult to remain in and be deemed eligible for the PCAFC.

For veterans with catastrophic disabilities, the need for a caregiver does not go away when hospitalized. Neither community hospitals nor VA medical centers are adequately staffed or trained to perform the tasks SCI/D veterans need. Currently, veterans with high-level quadriplegia and other disabilities have to pay out of pocket for their caregivers or caregivers donate their time, as veterans cannot receive caregiving assistance through VA programs while in an inpatient status.



For Mr. [Steven] Kirk, who is a quadriplegic, the effect of going into a hospital and losing his caregiver would be catastrophic. Mr. Kirk was recently taken to a community hospital and separated from his caregiver. He was alone and unable to call for help. He has been paralyzed for nearly 42 years and during that time he has gone through 50 or more caregivers."

From PVA's July 2021 written testimony on HCBS. [View the written testimony.](#)



WATCH: PVA testify in July 2021 before the House Veterans' Affairs, Health Subcommittee on access to HCBS.



PVA POSITION

- ★ VA must adequately assess and receive funding for the number of veterans who need specialty, facility-based long-term services and supports.
- ★ Congress must pass the **Elizabeth Dole Home and Community Based Services Act (H.R. 6823)**, which would make critically needed improvements to HCBS programs and services, including expansion of the VDC program, creation of a pilot program to address direct care worker shortages, improved caregiver supports, and payment for caregivers serving hospitalized veterans in the VDC program.
- ★ Congress must provide oversight of the PCAFC as VA applies new, restrictive eligibility criteria and ensure the final expansion of the program to all eras of eligible veterans is not delayed beyond October 1, 2022.