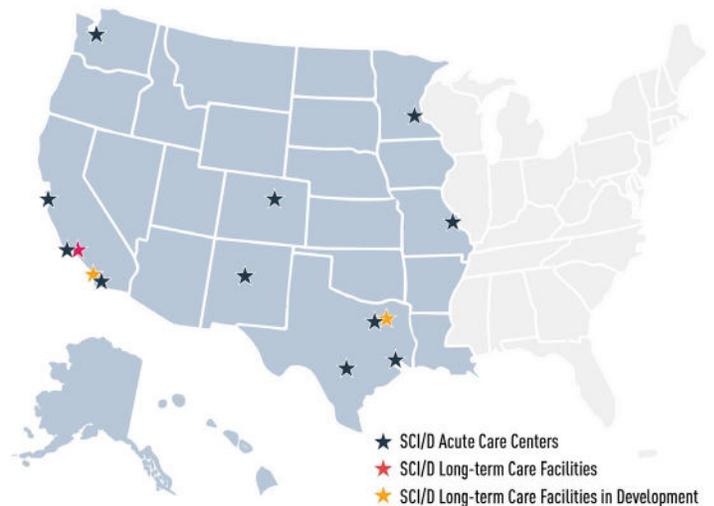


Expand Access to VA Long-Term Services and Supports

THE ISSUE

The country's lack of sufficient long-term services and supports, including the nationwide shortages in direct care workers, are barriers to proper care for people with catastrophic disabilities. The majority of PVA members are aging and will continue to require even greater assistance throughout their lives. While the Department of Veterans Affairs (VA) provides or purchases these supports and services for eligible veterans through institutional settings like nursing homes and home and community-based services (HCBS), veterans are often faced with significant challenges when accessing this assistance.

Few nursing home facilities can appropriately serve veterans with spinal cord injuries and disorders (SCI/D). VA operates six specialty long-term care facilities. Its Long Beach VA Medical Center is the only facility located west of the Mississippi River to support veterans served by 11 acute SCI/D Centers. Many aging veterans with SCI/D need VA facility-based care, but the department currently has limited capacity and provides for approximately 200 patients. Although specialty SCI/D facilities are being constructed in Dallas and San Diego, the need still far outweighs the supply of beds. 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, community providers often lack SCI/D training, which can result in compromised quality of care and poor outcomes.



In addition to increased options for facility-based care, including the need to allow VA to pay for care provided by assisted living facilities, VA HCBS must be more accessible to veterans with catastrophic disabilities. Under current law, VA is limited on how much can be spent on each veteran's home care. Specifically, VA is prohibited from spending more than 65 percent of what it would cost if the veteran was provided nursing home care. When VA reaches this cap, the only alternatives are to place the veteran into a VA or community care facility or rely on the veteran's caregivers, often family, to bear the extra burden. Veterans who are placed in a VA community living center and have mandatory eligibility (i.e., rated 70 percent service-connected or higher or require nursing home care due to a service-connected disability) receive care at no cost. Veterans who do not have mandatory eligibility can receive care in a VA community living center on a space resource-available basis and may be subject to copays.

As introduced, the bipartisan **Elizabeth Dole Home and Community-Based Services for Veterans and Caregivers Act of 2023 (H.R. 542/S. 141)** would raise the cap on how much VA can pay for the cost of home care from 65

VA is limited by law to paying for home care assistance only up to 65% of the cost of a nursing home which leaves some veterans with unmet needs and burdened caregivers.

65%



percent of the cost of nursing home care to 100 percent. It would also allow the VA Secretary to exceed that amount when it was in the best interest of the veteran. The cap must be raised to keep veterans with their families and not overburden their caregivers.

Another section of the Dole bill would require VA to administer its Veteran Directed Care (VDC) program, the Homemaker and Home Health Aide program, the Home-Based Primary Care program, and the Purchased Skilled Home Care program at all medical centers within two years of the date of enactment. The VDC program allows veterans to receive HCBS in a consumer-directed way and is designed for veterans who need personal care services and help with their activities of daily living. Examples of the types of assistance they can receive include help with bathing, dressing, or fixing meals. Veterans are given a budget for services managed by the veteran or the veteran's representative.

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. A provision in the Dole bill would allow catastrophically disabled veterans to continue to use funds under the VDC program during a period of hospitalization to retain or hire an attendant to assist with their non-medical needs during hospitalization.

The VA's Program of Comprehensive Assistance for Family Caregivers (PCAFC) provides eligible veterans and their caregivers with needed supports, including a stipend, that allows many veterans to remain in their homes. Although veterans of all eras of service are now eligible to apply for this program, VA's eligibility criteria have made it difficult for catastrophically disabled veterans to remain in or qualify for the PCAFC. Congressional oversight is needed to improve access to the program for these veterans.

Even with VA services and supports, many veterans with significant disabilities struggle to find direct care workers to assist them with daily activities or to supplement the efforts of their family caregivers. The National Strategy to Support Family Caregivers is an important component in the nation's efforts to expand access to long-term services and supports. By acknowledging the interrelationships of federal, state, and local programs involved in family caregiving, the National Strategy offers additional insights into ways to serve veterans with disabilities and their families.



PVA POSITION

- ★ VA must adequately assess and receive funding for the number of veterans who need specialty, facility-based long-term care and prioritize infrastructure projects for those types of facilities.
- ★ Congress must pass the **Expanding Veterans' Options for Long Term Care Act (S. 495)** to pilot allowing VA to directly pay for care provided by assisted living facilities.
- ★ Congress must pass the **Elizabeth Dole Home and Community-Based Services for Veterans and Caregivers Act of 2023 (H.R. 542/S. 141)**, which would make critically needed improvements to home and community-based services, including raising the cap on non-institutional care, expanding the VDC program, creating a pilot program to address direct care worker shortages, improving family caregiver supports, and paying for caregivers serving hospitalized veterans in the VDC program.
- ★ Congress must provide oversight of VA's PCAFC and ensure veterans ineligible for PCAFC are provided access to alternative programs, like VDC.
- ★ Congress must pass legislation to expand the direct care labor force through better pay and working conditions and support family caregivers through technical assistance and training and Social Security

credits for those not in the workforce due to caregiving duties.