

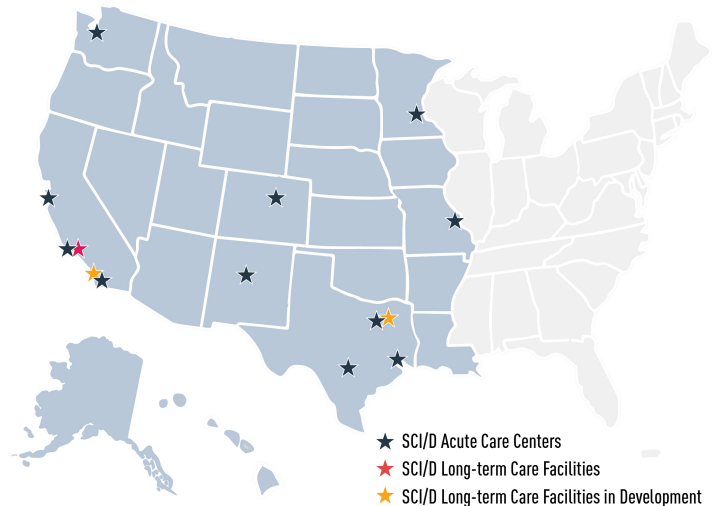
Expand Access to VA Long-Term Services and Supports

THE ISSUE

Facility and Home-Based Care

The country's lack of sufficient long-term services and supports, including the nationwide shortages in direct care workers, is a barrier to proper care for people with catastrophic disabilities. The majority of PVA members are aging and will require even greater levels of assistance. 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 in accessing and using 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 180 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. Congress should raise the cap on how much VA can pay for the cost of home care



Learn more about the caregiving needs of disabled veterans with the greatest support needs from PVA members and their caregivers.

from 65 percent of the cost of nursing home care to 100 percent and allow the department to pay more whenever it is in the best interest of the veteran. This would enable greater numbers of veterans to age in place while mitigating the demand on VA institutional care.

In January 2022, VA initiated a five-year expansion of its Home-Based Primary Care, Medical Foster Home and Veteran-Directed Care (VDC) programs. An executive order issued a year later urged the department to consider expanding the VDC program to all 171 VA medical centers by the end of fiscal year 2024. 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 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. VA's expansion of VDC is on track to be completed by the end of calendar year 2024. Until then, it is not available at all VA medical centers and it currently has an enrollment of only about 6,000 veterans. Even though VDC is available at a facility, it doesn't always mean that it is available for veterans throughout the facility's catchment area. VA needs to expand VDC, both in terms of the numbers of veterans it serves and the actual areas in which it is available.

Also, for disabled veterans with the greatest support needs, the requirement for a caregiver does not go away when the veteran is hospitalized. Neither community hospitals nor VA medical centers are adequately staffed or trained to perform the tasks SCI/D veterans need. Prior to April 2023, veterans with high-level quadriplegia and other disabilities were required to pay out of pocket for their caregivers or caregivers donated their time, as veterans could not receive caregiving assistance through VA programs while in an inpatient status. Last year, VA issued guidance to the field stating if a veteran is assigned Case Mix "V" or who has a score of "K" they may continue to receive VDC services during inpatient hospitalization, if it is clinically indicated and in support of the veteran's care needs. While we greatly appreciated this change, it benefits a very limited number of veterans. Plus, it excludes many deserving veterans with catastrophic disabilities who rely on caregivers, but are not assigned into Case Mix "V" or have a score of "K." Many SCI/D veterans are still unable to receive payment for their caregivers when they are hospitalized. This limitation must be addressed as these veterans not only need their caregivers while hospitalized, but also to ensure that they can be timely discharged home.

In addition to VA HCBS, the VA's Program of Comprehensive Assistance for Family Caregivers (PCAFC) provides eligible service-connected 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. As VA seeks to revise the program's regulations, congressional oversight is needed to improve program access for these veterans.

Even with VA HCBS and caregiver 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 direct care sector is projected to add over 1 million new jobs between 2021 and 2031, more than any other occupation in the United States. However, mounting workforce challenges, a growing population of older adults, and increased use of home-based care will make it difficult to meet the demand. Recent data from the National Center for Health Workforce Analysis shows the demand for direct care workers is projected to increase by 48 percent for nursing assistants, 43 percent for personal care aides, and 42 percent for home health aides between 2020 and 2035. Increasing pay for these critical workers alone is not sufficient to solve the crisis we face. Applying multiple strategies at a national level, such as raising public awareness about the need and value of caregiving jobs, providing prospective workers quality training, and developing caregiving as a sound career choice are a few of the other changes that could help address this problem.



PVA POSITION

- ★ VA must adequately assess and receive funding to serve the 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 (H.R. 1815/S. 495)** to pilot allowing VA to directly pay for care provided by assisted living facilities.
- ★ Congress must pass the **Elizabeth Dole Home Care 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.

VA's Bowel and Bladder Program

An SCI/D often effects a person's quality of life, and neurogenic bladder and bowel dysfunction are crucial aspects of their care. These conditions affect many veterans with SCI/Ds and can lead to complications, re-hospitalizations, and mortality. Therefore, managing neurogenic bladder and bowel requires specialized attention. Such care can be costly, is unrelenting over time, often necessitates substantial caregiver support, and is essential for maintaining veterans' health and well-being.

VA's Bowel and Bladder program is administered by the Veterans Health Administration's SCI/D National Program office. Veterans with SCI/D who qualify for bowel and bladder care may receive that care through a home health agency, a family member, or an individually employed caregiver. The clinic of jurisdiction, or VA medical facility, authorizes bowel and bladder care under the Office for Integrated Veteran Care (IVC), to enrolled veterans with SCI/D who are dependent upon others for bowel and bladder care while residing in the community. As soon as designated caregivers successfully complete training from the VA, all necessary forms are forwarded to IVC for sign off and approval of the authorization process. Additionally, the caregiver must obtain a National Provider Identifier, complete a Veteran Care Agreement (VCA), track the amount of time needed to perform the veteran's bowel and bladder care on a daily basis, and submit it along with a VA Form 10-314, Request for Payment of Bowel and Bladder Services, to be reimbursed.



Harry, caregiver for his wife Anne, a PVA member, pays \$3,500 to \$3,700 in self-employment taxes each year."

Congressional testimony from PVA National President Robert Thomas on March 6, 2024

The current program is fraught with challenges for caregivers and is unevenly applied across the VA system. Timely reimbursement and the tax treatment of payments are the chief complaints of PVA members who must rely on bowel and bladder care to meet their needs. Unlike all other VA payments, including those provided through the PCAFC, Bowel and Bladder program reimbursements are taxable. Even family caregivers are considered federal contractors for providing this care and must pay self-employment tax.

The current program also fails to offer veterans due process. There is no formal notification to the veteran, caregiver, or the provider that a VCA agreement is coming up on its three-year renewal and that it must be re-signed. Hence, due to the lack of notification, veterans and caregivers continue to file monthly claims and out of the blue payments stop and they don't know why. Getting the program reinstated is a tremendous challenge and due to lack of payment, the veteran may actually lose the caregiver. The whole process starts all over again, with the veteran having to find, train, and formally designate a caregiver which can take weeks to months to finalize; putting the veteran with SCI/D at risk. In similar fashion, a veteran or caregiver are not notified if they file a monthly claim that has errors or missing information nor how to correct them. They just simply don't get paid and it is up to the veteran or caregiver to reach out to the IVC to find out why.

The Bowel and Bladder program is a life-sustaining program providing support to veterans with SCI/Ds. Codifying the program would allow Congress to finally resolve the tax burden and delayed payments for family members who perform bowel and bladder care. And as principal users of the program, we hope that Congress and the VA will provide PVA ample opportunity to “shape” the program’s language.



PVA POSITION

- ★ Congress should codify the bowel and bladder program to correct existing reimbursement problems and ensure equitable treatment of payments for veteran caregivers.