



ISSUE BRIEF: MEETING VETERANS' NEEDS FOR LONG-TERM SUPPORTS AND SERVICES

The Situation

- VA's program of geriatric and extended care includes a broad range of long-term supports and services (LTSS) to assist veterans, regardless of age, who have lost the ability to function independently and be full participants in their communities.
- For more than a decade, VA has committed to provide patient-centered LTSS in the least restrictive setting honoring the veteran's preference for care placement to the extent possible. Generally, this means nursing home care is reserved for those veterans with post-acute or rehabilitative needs, those without a family caregiver or those who can no longer be cared for safely at home.
- VA projects demand for long-term care will continue to increase, driven in part by growing numbers of aging veterans and veterans with service-connected disabilities.

The Challenge

- Increased demand, more care options, and the more medically complex needs of individuals using long-term care continue to strain availability and access to appropriate VA furnished and purchased care for LTSS.
- According to the Government Accountability Office (GAO) Report-20-284, from FY 2014-2018, VA data show that the number of veterans receiving long-term care services increased 14% (464,071 to 530,327 veterans), and obligations for the programs increased 33% (\$6.8 to \$9.1 billion). Expenditures for long-term care are projected to double by 2037.
- While VA plans to expand veterans' access to noninstitutional programs to prevent or delay nursing home care and to reduce costs planning models have not adequately addressed the need and preference for home and community-based services (HCBS) through VA's Choose Home Initiative.
- VA has made tremendous strides increasing access to HCBS; however, the incentives that grew this program are not being applied to sustain the development of this program. Projections done prior to the COVID-19 pandemic showed relatively static planned use of home telehealth services for the next two decades, but in response to this public health emergency VA significantly increased these visits exponentially and is likely to continue to rely upon telehealth in the future to reach veterans living in remote locations.
- LTSS are most effective when they target the populations most in need. While there are many validated needs assessment instruments available to target and tailor those services, there is no national standard used consistently throughout VA to determine veterans in need of these critical services. Locally available resources seem to drive availability of VA HCBS more than clinical need. Lack of a national standard for determining need for these critical services also hampers the effectiveness of planning, programs, initiatives and services.

- Effective programming in the least restrictive setting also requires services to be easily accessible and variable based on veterans' individual needs. GAO Report-20-284 noted that VA's plans for expanding LTSS vary greatly across services within the VA health care system. Anecdotal reports from the field also indicate wide variability of HCBS offered and policies guiding their availability by VA medical centers across the system.

The Solution

- VA should make a sustained commitment to request and allocate sufficient resources for successful LTSS, and to adopt appropriate incentives to create the right mix of VA LTSS for those it serves, particularly service-connected veterans.
- VA must adopt an evidence-based needs assessment instrument to determine the sufficient level of HCBS services needed for veterans and their caregivers to remain safe and active participants in their communities.
- Congress should conduct rigorous oversight on VA LTSS in meeting the needs of veterans by reducing service gaps in VA HCBS, offering alternative models of care, and transforming policies and infrastructure that govern VA LTSS.