



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

The Situation

- The Department of Veterans Affairs' (VA) 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 inpatient nursing home care is reserved for those veterans with post-acute or rehabilitative needs, those without a family caregiver and/or those who can no longer be cared for safely at home.
- An aging veteran's population, including a growing number of service-disabled veterans with specialized needs, will require long-term care. While the overall veteran population is decreasing, the number of veterans in the oldest age cohorts with the highest use of long-term care services is increasing significantly. The number of veterans with disability ratings of 70% or higher, which guarantees mandatory long-term care (LTC) eligibility, and who are at least 85-years old is expected to grow by almost 600% by 2037.
- From fiscal years 2014 through 2018, VA data show that the number of veterans receiving LTC in these programs increased 14 percent (from 464,071 to 530,327 veterans), and obligations for the programs increased 33 percent (from \$6.8 to \$9.1 billion).
- The Program of Comprehensive Assistance for Family Caregivers (PCAFC) is now available to caregivers of veterans from all eras. In 2020, VA adopted new eligibility regulations concurrent with the expansion of the PCAFC to veterans of all eras, which had the adverse impact of making it dramatically harder for veterans and caregivers to be admitted to or remain in PCAFC. In March 2021, VA announced that all expulsions from the department's caregiver support program would be halted while officials re-evaluated new eligibility criteria that threatened monthly support stipends for thousands of veterans currently in PCAFC until it could review and revise existing regulations to better fulfill the program's intent.

The Challenge

- VA faces key challenges meeting the growing demand for long-term care: workforce shortages, geographic alignment of care (particularly for veterans in rural areas), and difficulty meeting veterans' needs for specialty care.
- 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. Expenditures for long-term care are projected to double by 2037.
- 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.

- Home and community-based services (HCBS) help fill gaps for care, are often less expensive and preferred by veterans, but growth of these services has not kept pace with demand. Unfortunately, funding for HCBS in recent years has not kept pace with population growth, demand, or inflation. For non-institutional care to work effectively, these programs must focus on prevention and engage veterans before they have a devastating health crisis that requires more intensive care in a VA Community Living Center.
- While VA plans to expand veterans' access to non-institutional programs to prevent or delay nursing home care and to reduce costs, planning models have not adequately addressed the need and preference for HBCS through VA's Choose Home Initiative.
- VA has increased access to HCBS. However, the incentives that grew this program are not being applied to sustain its development, nor are all services uniformly available throughout the system.
- LTSS are most effective when they target the populations most in need. However, 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. Anecdotal reports from the field also indicate wide variability of HCBS offered and policies guiding their availability by VA medical centers across the system.
- Costs for long-term care services and supports will need to double by 2037 just to maintain current services. In addition, there are tens of thousands of aging veterans with disability ratings of 50% and 60% who need LTC services but do not currently have mandatory eligibility under the law.

The Solution

- VA must work to establish a VA medical center-wide standardized tool for evaluating non-institutional care needs for veterans.
- VA should make a sustained commitment to requesting and allocating sufficient resources for effective LTSS, and to adopting appropriate incentives to create the right mix of VA LTSS for those it serves, particularly service-disabled veterans.
- Congress must increase budget and appropriations to ensure adequate resources are available to support home and community-based care services, when and where needed.
- Congress must expand mandatory eligibility for long-term nursing home care to VA service-connected veterans rated 50% and 60%.
- VA and Congress must address problems with eligibility criteria for PCAFC. VA must replace the current eligibility regulations and create new standards that are clear, consistent, and equitable and must provide detailed explanations on how standards will be measured and applied in each decision notification that is sent to veterans and caregivers.