

# **EPEEC for Veterans**

Education in Palliative and End-of-life Care for Veterans

**Trainer's Guide**

Plenary 3

**Caring for Veterans  
in VA Settings and  
Beyond**

**Emanuel LL, Hauser JM, Bailey FA, Ferris FD, von Gunten CF, Von Roenn J, eds. EPEC for Veterans: Education in Palliative and End-of-life Care for Veterans. Chicago, IL, and Washington, DC, 2012.**

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## Plenary 3 trainer's notes

### Principal message

The Department of Veterans Affairs consists of three main service areas for Veterans. Although palliative care is principally delivered through Veterans Health Administration (VHA), Veterans may also be eligible for benefits through Veterans Benefits Administration (VBA) and the National Cemetery Administration (NCA).

### Plenary overview

This third plenary provides information on the structure of the Department of Veterans Affairs and the benefits that are available for Veterans and their families. It describes the functions of the three main branches of the Department of Veterans Affairs: the Veterans Health Administration (VHA), the Veterans Benefits Administration (VBA), and the National Cemetery Administration. It also considers the different ways that hospice and palliative care are delivered to Veterans within VHA.

### Preparing for a presentation

#### 1. Assess the needs of your audience

Choose from the material provided in the syllabus according to the needs of your expected participants. It is better for participants to come away with a few new pieces of information, well learned, than to come away with a deluge of information, but remembering nothing.

#### 2. Presentation timing

The suggested timing for this plenary is:

Introduction	2-3 minutes
Presentation	45 minutes
Summary	2-3 minutes
<hr/>	
Total	49-51 minutes

#### 3. Number of slides: 46

#### 4. Preparing your presentation

The text in the syllabus was not designed to be used as a prepared speech. Instead, the slides have been designed to trigger your presentation. Although the slides closely follow the text of the syllabus, they do not contain all of the content. Their use presumes that

you have mastered the content. You may want to make notes on the slide summary pages to help you prepare your talk in more detail and provide you with notes to follow during your presentation.

Practice your presentation using the slides you have chosen, and speaking to yourself in the kind of language you expect to use, until it is smooth and interesting and takes the right amount of time.

## **5. Preparing a handout for participants**

The syllabus text and slides in the **Trainer's Guide** were designed to be reproduced and provided to participants as a handout, either in its entirety, or module by module. If the entire curriculum is not being offered, please include the following in each handout:

- **EPEC for Veterans Front Cover Page**
- **EPEC for Veterans Acknowledgment Pages** (to acknowledge the source of the material)
- Syllabus and slides for **Plenary 3**

## **6. Equipment needs**

- computer with DVD capability or separate DVD player
- flipchart and markers for recording discussion points

## **Making the presentation**

### **1. Introduce yourself**

If you have not already done so, introduce yourself. Include your name, title, and the organization(s) you work for. Briefly describe your clinical experience related to the information you will be presenting.

### **2. Introduce the topic**

Show the title slide for the plenary. To establish the context for the session, make a few broad statements about the importance of palliative care. Tell participants the format you will use and the time you will take to present the session. Identify any teaching styles other than lecture that you intend to use.

### **3. Review the session objectives**

Show the slide with the session objectives listed. Read each objective and indicate those that you are planning to emphasize.

Then, proceed with the content of the plenary.

## **4. Show the trigger tape**

The trigger tape for this module features two Veterans, David Field and Audrey Voskuil, telling their stories of transitions of care in VA during their illness. It also features their family members and VA caregivers discussing their care.

## **5. Present the material**

### **Recommended style: Lecture**

This plenary was designed to be presented as a lecture without much audience interaction. Use the slides to trigger the subject. Prepare ahead and practice so that it is smooth and interesting. The use of your voice, body language, and gestures can all add to your presentation and the clarity of the message you are delivering.

## **6. Key take-home points**

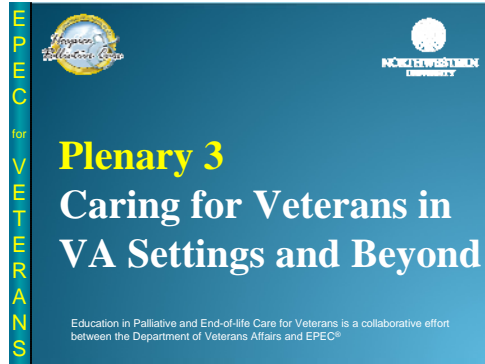
1. VA consists of over 170 medical centers, 350 outpatient and community clinics and more than 120 nursing home care units.
2. The three main branches of the Department of Veterans Affairs are the Veterans Health Administration, the Veterans Benefit Administration and the National Cemetery Administration.
3. Palliative care at VA is delivered through the Veterans Health Administration and consists of Palliative Care Consult Teams, Palliative Care Units and outpatient palliative care clinics.
4. Hospice-Veteran Partnerships have been established to connect VA to community hospice providers.
5. There are multiple burial benefits available through the National Cemetery Administration that Veterans might be eligible to receive.
6. Pensions and disability compensation are delivered through the Veterans Benefits Administration.

## **7. Evaluation**

Ask the participants to evaluate the session.

## Abstract

Slide 1



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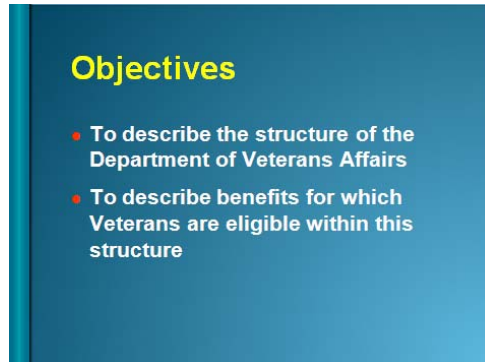
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This third plenary session provides information on the structure of the Department of Veterans Affairs and the benefits that are available for Veterans and their families. It describes the functions of the three main branches of the Department of Veterans Affairs: the Veterans Health Administration (VHA), the Veterans Benefits Administration (VBA), and the National Cemetery Administration. It also considers the different ways that hospice and palliative care is delivered to Veterans within VHA.

## Objectives

Slide 2



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The objectives of this plenary are to:

- describe the structure of the Department of Veterans Affairs; and
- describe benefits for which Veterans are eligible within this structure.

# Introduction

Slide 3

**Introduction**

- Veterans can be cared for in a variety of settings, both VA and non-VA
- VA consists of:
  - 171 medical centers
  - over 350 outpatient and community clinics
  - 125 nursing home care units
  - 35 domiciliaries

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Veterans may be cared for in VA by VA providers, and/or by medical providers in the community. Currently, VA health care system consists of 171 medical centers, more than 350 outpatient and community clinics, 125 nursing home care units, and 35 domiciliaries. The Veterans Administration was established as a Cabinet-level position in 1989 and renamed the Department of Veterans Affairs.<sup>1</sup>

## Who is a Veteran?

Slide 4

**Who is a Veteran?**

- Individual perception and experience
- As defined by the federal and state governments
- As defined for participation in education, training and employment programs
  - U.S. Department of Education
  - U.S. Department of Labor

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A Veteran is someone who has served in one or more branches of the U.S. military and has now returned to civilian life. Some Veterans have served for several years, often immediately after high school, and then returned to civilian life. Others have made a career of the military and have now retired. Still others were injured during their service, as part of training or in battle and have not recovered from their wounds to the point that they could rejoin their unit and continue their military service. Regardless, the serviceperson becomes a Veteran only when they have been discharged from military service. It is at this point that there is an important handoff and transition to the services provided by the Department of Veterans Affairs.

There is no standardized legal definition of "military Veteran" in the United States. Whether or not one is considered a "Veteran" by the federal government depends entirely upon which Veteran program or benefit one is applying for. States also have their own definitions of a Veteran. For example, Missouri defines a Veteran as a person "who served on regular active duty either under normal enlistment or [was] called up to active

duty by the president.”<sup>2</sup> Other states define Veterans by era of service and whether or not the Veteran served during a war or during peacetime. Furthermore, some states that have State Veterans Homes or other services may use their own definition for Veteran that is different than the one VA health care system uses.<sup>3</sup> Veterans and their families are often confused and do not understand VA does not have direct control or necessarily much influence over individual state Veterans homes or programs.

Eligibility for Veterans’ benefits will vary for programs such as education, pensions, loans for homes, and myriad other programs. Eligibility for most VA benefits is based upon discharge from active military service under other than dishonorable conditions. Active service means full-time service, other than active duty for training, as a member of the Army, Navy, Air Force, Marine Corps, Coast Guard, or as a commissioned officer of the Public Health Service, Environmental Science Services Administration, or National Oceanic and Atmospheric Administration. Generally, male and female Veterans with similar service are entitled to the same VA benefits.

## The Veteran population

Slide 5

**Veteran population ...**

- Median age of all living Veterans in 2007:  
61 for men  
47 for women
- Median ages by period of service:  
Gulf War, 37 years old  
Vietnam War, 60 years old  
Korean War, 76 years old  
WW II, 84 years old

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Slide 6

**... Veteran population**

- Sixty percent (60%) of the nation’s Veterans live in urban areas
- States with the largest Veteran population are CA, FL, TX, PA, NY and OH
- 6 states account for 36% of total Veteran population

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The population of Veterans is aging, and due to their older age WWII and Korean War Veterans are more likely to present with health care problems that are complex, have significant symptom burden, and are life-limiting. These Veterans may also have emotional, social, and spiritual concerns and needs that can be addressed in part through aspects any one of the three arms of the Department of Veterans Affairs. However, Veterans of any age and those that have served in other conflicts or in peacetime may need palliative care services.



The population of Veterans is not evenly distributed due to the fact that some parts of the country had, or have, higher enlistment rates. Also demographic changes have occurred nationally with an increase percent of the population living in urban areas. With the aging of the Veteran population large numbers have retired to areas in the southern part of the United States. VA is aware of these demographic issues and is working to expand and establish medical centers and clinics in areas that have growing and concentrated Veteran populations.

Slide 7

**Asking about military experience**

- When and where did you serve?
- What did you do while you were in the service?
- Why ask these questions?  
may influence both health and quality of life

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Since so many Veterans receive care outside of VA, many of their health care providers are not aware of their military status. Asking patients if they are Veterans and about their service may shed light on a specific illness, coping mechanisms, and resources to meet the unique needs of the Veteran and family. Veterans often take great pride in their service, seeing it as a period of time when they did something meaningful to make a difference in the world despite the fact that they may well have been imprisoned, tortured, wounded, exposed to atrocities, or had other traumatic experiences.

Not all Veterans see their service as a positive one or do not see their sacrifice has having made any difference, and this has resulting complications. There may be extensive existential questions, and providing opportunities during follow-up visits for team members to explore these has a great deal of value. Understanding how Veterans view their service, whether it is positive or negative, has implications for how they view their disease, especially if it is related to their service. Examples of questions that can be asked include:

- “Where and when did you serve?”
- “What did you do in the service?”
- “Tell me about your time in the service.”

## Places of care and resources

Slide 8

**Veterans and VA Health Care**

- Veterans in shared care between VA and community providers
- Veterans transitioning from community or shared care to VA
- Veterans receiving all care outside VA system

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Many Veterans do not receive all of their care at VA. Some of the models they may fall into include:

### **Veterans in shared care between VA and community providers**

Some Veterans may receive only some of their care in VA health care system. For some the distance to VA is not convenient. To remedy this, VA has established Community Based Outpatient Care (CBOC) Clinics to improve local access to care. For others, the relationship to VA and self-identification as a Veteran is not as strong, but they still need to access VA for special benefits such as services, medications, or specialty care related to a service connection.

### **Veterans transitioning from community or shared care model to VA**

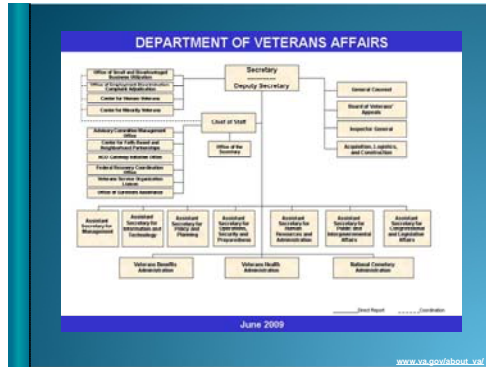
For some Veterans this is during the point of discharge from military service and transition from the Department of Defense to VA as mentioned previously. For others, due to decline in health or lack/loss of other resources there is a need to transition into VA care because community resources are no longer adequate to meet their needs.

### **Veterans receiving all health care outside VA**

Some Veterans may not self-identify as a Veteran and may lack knowledge of the services that are available to them. Others may have had a negative experience with the military service or VA in the past. A combination of these issues may result in the Veteran or family not considering VA a source of support, particularly at life's end. Hospice and community providers are encouraged to take a military service history. This information can help many patients who are also Veterans access the services they need and the benefits they have earned and deserve as a consequence of their military service.

# Department of Veterans Affairs

Slide 9




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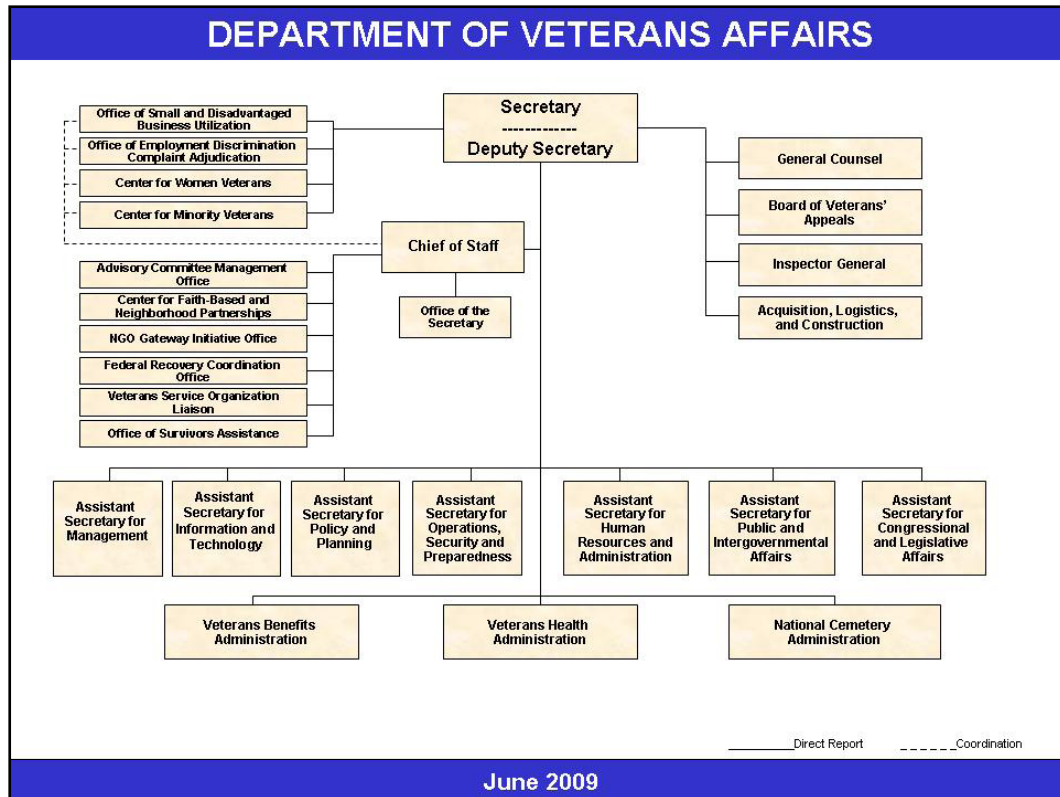
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**Figure 1** is an organizational chart for the Department of Veterans Affairs, which depicts the location of the various offices, programs, and administrative functions of VA. The Department of Veterans Affairs includes three major branches: The Veterans Health Administration (VHA), the Veterans Benefits Administration (VBA), and the National Cemetery Administration. Each of these is discussed in the material that follows.

**Figure 1: Structure of the Department of Veterans Affairs**



It is important that both VHA providers and community health care system providers have some understanding of the types of services that are potentially available. Additional general information may be found at each of the websites of these branches; VHA: [www.va.gov/health](http://www.va.gov/health), VBA: [www.vba.va.gov](http://www.vba.va.gov), National Cemetery Administration: [www.cem.va.gov](http://www.cem.va.gov). More specific information, as well as local interpretation can also be

obtained from VA facilities, State Departments of Veterans Affairs, and Veterans Service Organizations such as the American Legion, Veterans of Foreign Wars, and Disabled American Veterans.

## Veterans Health Administration (VHA)

Slide 10



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Slide 11

**Veterans Health Administration**

- Medical Benefits Package
- Basic eligibility
- Co-pay
- Venues of care
  - acute
  - nursing home
  - outpatient clinics
  - vet centers

www.va.gov/health

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The Veterans Health Administration (VHA) is the largest integrated health care system in the country. There are 21 networks called Veterans Integrated Service Networks, or VISNs, most of which cover multiple states. VHA Central Office in Washington, DC sets broad-based, system-wide policies. Power to implement policies and make decisions rests with VISN and facility leadership.

VHA provides care to nearly 6 million unique patients and over 60 million outpatient visits per year.<sup>4</sup> It has won numerous awards for high quality, cost-effective primary care and is a leader in IT infrastructure with a completely electronic medical record called CPRS (Computerized Patient Record System). This system allows providers in any VA facility to access all of the medical records, including the actual radiographs of Veterans, at any VA facility in the nation. VA is the single largest training site for physicians, nursing and other allied health care providers. VA also has award-winning and innovative research that extends from basic science, translational and health services research.<sup>5</sup> VA has been leader in the development of Geriatrics as well as Hospice and Palliative Care with fellowship training, research, education and innovative service delivery programs.

Slide 12

**Health benefits ...**

- Enrollment, eligibility and costs  
most must enroll for benefits  
enrolled Veterans assigned to priority  
group 1 - 8  
Geographic Means Test utilized to  
assess cost-share (co-pay)
- Health Benefits  
Veterans Health Care Eligibility Reform  
Act (1996) established Medical Benefits  
Package

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Slide 13

**... Health benefits**

- Eligibility  
must be discharged with a status other  
than dishonorable from active service in  
Army, Navy, Air Force, Marine Corps, Coast  
Guard, Public Health Service,  
Environmental Services Administration, or  
National Atmospheric Administration

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Eligibility for most Veterans' health care benefits is based solely on active military service in the Army, Navy, Air Force, Marines, or Coast Guard (or Merchant Marines during WW II), and being discharged under other than dishonorable conditions. In addition, Reservists and National Guard members who were called to active duty by a Federal Executive Order may also qualify for VA health care benefits. Returning service members, including Reservists and National Guard members who served on active duty in a theater of combat operations, have special eligibility for hospital care, medical services, and nursing home care for two years following discharge from active duty. Although health care eligibility is based on active service, it is not just for those who served in combat, or for service-connected injuries or medical conditions. Additionally, Veteran's health care facilities are not just for men only. VA offers full-service health care to women Veterans within VA. There is a designated Center for Women Veterans established in 1994 to monitor and coordinate VA services for women ([www.va.gov/womenvet/](http://www.va.gov/womenvet/)).

Eligibility for health care through VA is a two-step process:

1. VA must determine Veteran eligibility status by reviewing a Veteran's Character of Discharge from active military service and length of active military service.
2. VA must determine whether the Veteran qualifies for one of the eight enrollment priority groups.

For many Veterans, Posttraumatic Stress Disorder and mental health problems may now be recognized as a source of disability. Since PTSD, Traumatic Brain Injury, and other

conditions may not have been fully characterized or appreciated by both the Veteran and health care providers, some Veterans may be able to apply for re-evaluation of their health care problems as they might be related to their time of service. However, for this process of evaluation even in an expedited process may take months. Veterans with severe illness and short prognosis may not be physically able or survive long enough to be able to complete this process. Veterans enrolled in palliative care programs with longer prognoses may wish to pursue these claims.

Slide 14



VA provides a Medical Benefits Package, available to all enrolled Veterans. This plan emphasizes preventive and primary care, and offers a full range of outpatient and inpatient services within VA health care system. VA's medical benefits package provides the following health care services to all enrolled Veterans:

- preventive care services
- ambulatory (outpatient) diagnostic and treatment services
- inpatient diagnostic and treatment
- medications and supplies

VA enrollment allows health care benefits to become portable throughout the entire VA system. Enrolled Veterans who are traveling or who spend time away from their primary treatment facility may obtain care at any VA health care facility across the country without the worry of having to reapply.

VA also maintains an annual enrollment system to manage the provision of quality hospital and outpatient medical care and treatment to all enrolled Veterans. A priority system ensures that Veterans with service-connected disabilities and those below the low-income threshold are able to be enrolled in VA's health care system.



## Service connections and disability

Slide 15

### Service connected disability

- Disability compensation to Veterans with injuries or illnesses incurred during, or aggravated by, their military service
- A Veterans Services Representative is available at VA medical centers and regional offices to explain and assist Veterans in applying for disability

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VA disability compensation stems from an official finding that links an illness or disability with the period of a Veteran's military service, whether war-related or in peacetime. VA usually does not need to find the exact cause of the illness. The amount of compensation is determined by regulations that give a rating for each illness or injury on a scale of 0 to 100 based on the severity of the medical problem. The philosophy of the compensation program is that these ratings are intended to reflect a loss of earnings capacity.

For example, a Veteran with a slight scar that does not interfere with work might be rated at 0 percent while brain cancer would be rated at 100 percent. That percentage is used to determine amounts of tax-free disability compensation that are paid in 10 percent increments and adjusted annually for inflation.

The 2012 range was \$127 per month for a 10 percent rating to \$2,769 monthly for a 100 percent disability. Payments are increased for dependents and for Veterans with multiple illnesses officially connected with service. A Veteran whose condition worsens may see his rating increased after periodic re-examination, or he may drop off the rolls altogether if cured of an illness.<sup>6</sup>

## Home-Based Primary Care

Slide 16

### Home-Based Primary Care

- Major features
  - home visits from VA health care team
  - limited service area (30-100 mile radius)
  - home visits during week
  - no homebound requirement
- Interface with hospice
  - HBPC and hospice may be provided concurrently
  - coordination between VA and hospice

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Home-Based Primary Care (HBPC) is provided by an interdisciplinary team consisting of physician, nurses, social worker, rehabilitation therapist, dietitian, and pharmacists.

Major features of HBPC are that it:

- targets chronic disease,
- includes home visits from VA health care team during the week,
- provides comprehensive primary care,
- provides care by an interdisciplinary team,
- provides longitudinal care,
- does not require skilled need, and
- does not require strict homebound status.

There are times when an enrolled Veteran who is receiving HBPC services will become eligible for hospice care and will choose to use his or her Medicare or VA Hospice Benefit. In these cases, HBPC and hospice may be provided concurrently. The HBPC team and the community hospice team will work closely together to coordinate and communicate goals and plans of care as well as visit schedules, medications, medical equipment, and the like to avoid duplication of services.

## VA Hospice and Palliative Care Program

Slide 17

**VA Hospice and Palliative Care (HPC) Program**

- Veterans' Health Care Eligibility Reform Act of 1996

"VA must offer to provide or purchase hospice and palliative care services that VA determines an enrolled Veteran needs."

38 CFR 17.36 and 17.38

Hospice and palliative care are equal to other VA Services in Medical Benefits Package

Regardless of inpatient setting or in a home

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The Veterans' Health Care Eligibility Reform Act of 1996 (Title 38 Code of Federal Regulations § 17.36 and 17.38) mandates that VHA offer to provide hospice and palliative care services to eligible enrolled Veterans who need these services or purchase them from the community.<sup>7</sup> Hospice and palliative care are covered services, authorized in VA's Medical Benefits Package, on an equal priority with any other medical service. Enrolled Veterans have a right to hospice and palliative care services. VA medical centers (VAMCs) must offer to provide or purchase hospice care when VA determines that an enrolled Veteran needs it. VAMCs must also provide palliative care services through consultation teams that include a physician, nurse, social worker, chaplain and mental health provider. Palliative care teams offer consultation throughout a medical center, assisting with planning and guidance on managing a patient's pain and other symptoms, especially when these are complex or difficult to control.<sup>8</sup>

Community hospice providers can help Veterans who may be eligible to enroll in VA for health care services by contacting the enrollment office or palliative care social worker at



a local VA Medical Center. Additional information can be found on VA's website at [www.va.gov/healthbenefits](http://www.va.gov/healthbenefits).

Slide 18

**VA definition of palliative care**

- An interdisciplinary, team-oriented approach to expert pain and symptom management and emotional and spiritual support, tailored to individual needs and wishes and aimed at enhancing comfort and quality of life for patients with serious, life-limiting and terminal illnesses

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Slide 19

**VA definition of hospice**

- The most intensive form of palliative care, is provided to seriously ill patients who have less than six months to live and who have agreed to enroll in hospice services, rather than to pursue aggressive cures for their illness

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VA definitions of hospice and palliative care are as follows:

**Palliative care** is an interdisciplinary, team-oriented approach to expert pain and symptom management and emotional and spiritual support, tailored to individual needs and wishes and aimed at enhancing comfort and quality of life for patients with serious, life-limiting and terminal illnesses. Palliative care can be a complement to conventional, disease-modifying medical therapies or it can be an alternative when such treatments are no longer effective or not desired by the patient.

**Hospice**, the most intensive form of palliative care, is provided to seriously ill patients who have less than six months to live and who have agreed to enroll in hospice services, rather than to pursue aggressive cures for their illness. Hospice focuses on comfort for both patients and loved ones, not cure.

VA defines hospice and palliative care as a continuum of comfort-oriented and supportive services provided across settings, including hospital, extended care facility, outpatient clinic, and private residence.

Slide 20

**Eligibility criteria**

- Diagnosed with a life-limiting illness
- Has treatment goals focused on comfort rather than cure
- Has a life expectancy, deemed by a VA physician, of 6 months or less if the disease runs its normal course
- Accepts hospice care

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Eligibility for hospice in VA is similar to the eligibility requirements for the Medicare Hospice Benefit. In addition to the diagnosis and prognosis requirements Veterans must be enrolled in VHA in order to access hospice in VA medical centers as well as VA-paid hospice services in the community.

In order to be reimbursed for care, community hospice providers must confirm a Veteran’s enrollment status in VA and secure approval from the Veteran’s physician prior to starting services. If the Veteran is not enrolled, community hospice providers can contact the nearest VA facility’s Eligibility Department to explore the possible process of an expedited enrollment.

Slide 21

**VA-Provided HPC**

- Palliative care consult teams inpatient settings throughout VA facility outpatient clinics
- Inpatient hospice care provided in inpatient settings purchased through Community Nursing Home
- Home-based primary care (HBPC) VA-provided palliative care

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Hospice and palliative care services are provided to enrolled Veterans in a variety of settings in VA. Palliative Care Consult Teams may provide direct and consulting services throughout VA hospital and outpatient settings such as a cardiology, oncology or pain clinic.

Outpatient Palliative Care Clinics are often managed by the Palliative Care Consult Team or in conjunction with one of the other clinics. These clinics help Veterans manage their pain and other symptoms and coordinate their care with both inpatient and other outpatient services like Home-Based Primary Care.

Most hospice and palliative care in VA facilities is provided In hospice and palliative care inpatient, units which are generally located in Community Living Centers (CLCs). Beds are either designated in a particular wing of the CLC or scattered throughout the unit; all hospice a care provided in a CLC bed is coded Treating Specialty (TS) 96.

However, not all facilities choose to locate their hospice inpatient units in the CLC. In addition, others do not have CLCs in their facilities.

1F is a new treating specialty called Hospice in Acute Care. This designation is used for Veterans who are receiving hospice care in an acute care bed section of a VAMC. This may occur because the Veteran is too ill to transfer to a hospice unit or be discharged home with home hospice or has been admitted to an acute care unit because home care is no longer feasible. This designation allows Veterans and their families to receive hospice in the acute-care bed section and be exempt from co-payments that may normally apply.

Slide 22

**Palliative Care Consult Teams**

- Palliative Care Consult Teams (PCCT) physician, nurse, social worker, chaplain, administrator, mental health provider  
role: advance care planning, symptom management, counseling, education, bereavement
- PCCTs collaborate with Community Health Nurse Coordinators for referrals to community hospices

Palliative Care Consult Teams (PCCTs) were established by policy in February 2003 through the Palliative Care Consult Team Directive (VHA Directive 2008-066).<sup>9</sup> Each VA Medical Center is responsible for designating a Palliative Care Consult Team consisting of, at a minimum, a physician, a nurse, a social worker, a mental health provider, a chaplain and an administrator. The teams offer consultation throughout the medical center, assisting with planning and guidance on managing a Veteran's pain and other symptoms, especially when these are complex or difficult to control. The team also recommends policies and procedures to hospital management, assumes a leadership role in promoting quality end-of-life care, facilitates communications with community hospices and conducts educational programs for VA and community staff.

PCCTs are key players in coordinating the Veteran's care across care settings and often work closely with Community Health Nurse Coordinators (CHNC). It is frequently the CHNCs who make referrals to community hospices.

# Where can palliative care be delivered?

## In a VA facility or nursing home

Slide 23

**Inpatient hospice care ...**

- VA-provided inpatient care preferred option for many Veterans provided directly in VA Community Living Center or in an acute care setting
- VA-paid nursing home care purchased from contract facility may be purchased separately certain conditions apply

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Slide 24

**... Inpatient hospice care**

- VA-paid inpatient care admission to VA facility preferred VA authorization required for inpatient care at a non-VA facility

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Generally, VA provides inpatient hospice care at VA facilities. This is the preferred option for many Veterans who are not able to return to their own homes. VA hospice inpatient units are generally located in VA Community Living Centers (CLCs), which is VA’s designation for a nursing facility. A minority of VA facilities have their hospice inpatient units located in an acute care section of their medical center.

VA Community Living Centers (CLCs) are settings where skilled nursing care can be provided along with specialty programs for Veterans needing short- and long-stay services. They are typically located within or near a VA medical facility.<sup>10</sup> Inpatient care is indicated when:

- Pain and other symptoms cannot be managed in the home setting (this is called the General Inpatient level of care under the Medicare Hospice Benefit).
- Patient requires hospitalization for reasons unrelated to the terminal diagnosis (this is outside the Medicare Hospice Benefit and is billed under Medicare Part A for those Veterans not admitted to a VA facility. VA-paid Veterans will probably be admitted to a VA facility for non-hospice related hospital care).
- Patient’s family or caregiver needs an extended break from caring for the Veteran (respite level of care).

VA may also utilize Community Nursing Home (CNH) contracts to purchase inpatient hospice services.

There are two payment options when VA is paying for Veterans' hospice care in a Community Nursing Home; it is the CNH's decision which one is used. The options are as follows:

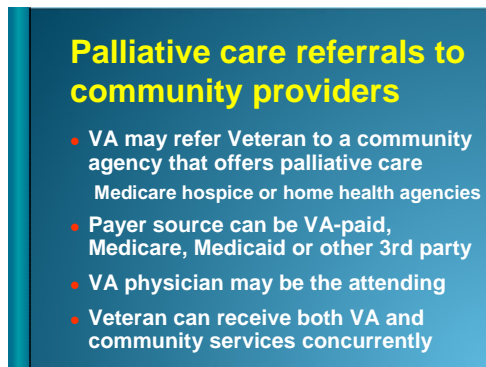
1. VA pays the hospice agency a \$60.00 per diem rate for hospice consultation services; *or*
2. VA pays the full routine home care hospice rate while the patient remains in CNH, if the hospice agency provides consultative services as well as hospice diagnosis-related medications, biologicals, and durable medical equipment.

When a Veteran enrolled in the Medicare Hospice Benefit chooses a VA facility for General Inpatient level of care, the hospice may discharge the Veteran during the time he or she is hospitalized. This practice varies among hospice agencies, so VA staff are encouraged to review local practices when the Veteran is initially admitted to hospice.

The agreement between VA medical centers and hospices includes stipulations for contacting VA for authorization prior to admission for inpatient care. When hospital care is needed, VA will generally offer to provide the care in a VA hospital. VA will pay for a Veteran's care in a non-VA hospital only in exceptional circumstances and with prior VA authorization.

## At home

Slide 25



**Palliative care referrals to community providers**

- VA may refer Veteran to a community agency that offers palliative care  
Medicare hospice or home health agencies
- Payer source can be VA-paid, Medicare, Medicaid or other 3rd party
- VA physician may be the attending
- Veteran can receive both VA and community services concurrently

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Home-Based Primary Care is generally the preferred way to provide palliative care service to enrolled Veterans in their home. However, if the Veteran lives outside the HBPC service area or the HBPC program is unable to provide palliative care, VA medical center has the option to refer the Veteran to a community agency that can provide the needed care.

The payer source can be VA, Medicare, Medicaid, or another 3<sup>rd</sup> party payer. If VA pays for the palliative care, there should be a written agreement in place that spells out the relationship between the agency and VA. The Veteran is not required to waive any VA benefits in order to receive care from a community agency.

Slide 26

**Hospice referrals to community providers**

- Enrolled Veterans may be eligible for hospice care in the community
- Different options to pay for care
  - VA-paid hospice care
  - Medicare
  - Medicaid
  - private insurance

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If the Veteran prefers to receive hospice services in his or her own home or in a community nursing home, there may be several payment options available. These include:

**VA-paid:** The Veteran chooses to have VA pay for the services provided by a community hospice in his or her own home or in a community nursing home (there are some exceptions, which will be discussed later).

**Medicare:** If the Veteran has Medicare Part A he or she may elect to use the Medicare Hospice Benefit. There is no VA co-pay associated with this payment option but the Veteran should check with the community hospice for any hospice co-payments.

**Medicaid:** If the Veteran does not have Medicare and the state in which the Veteran lives has a Medicaid Hospice Benefit, a Veteran who already has Medicaid or is eligible to apply may choose to use Medicaid to pay for hospice services. State eligibility requirements should be thoroughly reviewed.

**Private insurance:** If the Veteran does not have Medicare or Medicaid, he or she may have a hospice benefit through a private health insurance policy.

Slide 27

**Hospice Medicare benefits**

- Routine home care
- Continuous care
- Inpatient respite care
- General inpatient care

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A Veteran who is eligible for both VA care and Medicare may elect to have hospice services paid for under the Medicare Hospice Benefit or by VA. Veterans who choose Medicare retain their eligibility for VA care and benefits. Veterans need to be notified that VA has no authority to pay for any balances or co-payments that may be due after Medicare or any other non-VA source makes payment for hospice care.



VA offers to provide or purchase hospice care that VA determines an enrolled Veteran needs. If a Veteran is enrolled in VA health care system and chooses VA to be the payer, then VA is responsible for purchasing or providing the needed hospice services. Veteran choice of payer applies even if the Veteran is eligible for hospice under Medicare or Medicaid.

Hospice care may be recertified for additional specified periods of service if needed. VA-purchased community hospice care covers hospice diagnosis-related home visits by professional and paraprofessional staff, medications, supplies, biologicals, durable medical equipment and ancillary services as outlined in the plan of care. Community hospice care also covers bereavement for the family as part of the hospice care plan, without additional reimbursement. Reimbursement is based on Medicare Hospice Benefit and hospice care rates are reflective of a per day reimbursement, not per visit. The rate is paid for a designated period of consecutive days, without regard to the volume or intensity of services provided on a given day, as described in VHA Handbook 1140.3.

The Hospice Benefit under Medicare, Medicaid, and most private insurances cover four levels of care, two of which are delivered in the patient's place of residence and two in an inpatient setting. The four levels of care are:

1. Routine Home Care (delivered in the Veteran's place of residence).
2. Continuous Care (more than 8 hours per day of predominantly nursing care delivered in the patient's place of residence). This is generally not covered by VA Paid Hospice Care.
3. Inpatient Respite Care (care given to hospice patient in order that the usual caregiver can rest).
4. General Inpatient Care (acute or skilled-level care requiring and delivered in an inpatient setting).

The referral process for VA-paid hospice care first begins with a PCCT assessment for hospice referral. The Community Health Nurse Coordinator should make the referral and arrange for hospice, with the certification of VA attending physician.

Slide 28

**VA-paid hospice care ...**

- **May be purchased if:**  
VA Physician and patient/ family agree care is appropriate  
VA and Hospice have a written agreement
- **Reimbursement**  
bundled services mirror Medicare Hospice Benefit  
per diem – Medicare Hospice Benefit rates

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Slide 29

**... VA-paid hospice care ...**

- **Statement of Work includes 4 levels of hospice care**
- **Referral Process**  
 PCCT assesses for hospice referral  
 Community Health Nurse Coordinator makes referral and arranges for hospice  
 Attending Physician  
 VA physician certifies patient encouraged to act as attending physician

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Slide 30

**... VA-paid hospice care**

- **Care plan**  
 treatment issues identified and coordinated  
 hospice controls care plan
- **Communication / coordination**  
 both hospice and VA identify primary liaisons  
 VA requires ongoing communication to ensure services fit the Veteran's needs

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Every patient receiving care by a community hospice agency is required to have both a primary care physician as attending on record, as well as a hospice medical director. VA encourages the referring VA staff physician to remain as the primary care physician during community hospice care. VA staff physician serving as attending of record for hospice care must, within the limits of ability and authority, sign relevant hospice care orders and forms, and participate with the care plan team. The community hospice is responsible for coordinating with VA staff to ensure timely communication regarding changes in the condition of VA patients, need for updated or new orders, or any other change necessitating physician consultation for implementation of the plan of care.

## Hospice-Veteran Partnerships

Hospice-Veteran Partnerships (HVPs) are coalitions of people and organizations that come together to facilitate Veterans' access to high-quality end-of-life care in the community and promote seamless transition among VA facilities, State Veterans Homes, and the community. HVPs are about ensuring that options exist to honor the preferences for end-of-life care for all of our nation's Veterans.



Slide 31

**Hospice-Veteran Partnerships ...**

- Coalitions of people and organizations working together to meet Veterans' end-of-life needs
- Statewide and local partnerships
- Improve Veterans' access to quality hospice and palliative care
- Enhance communication among providers

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Slide 32

**... Hospice-Veteran Partnerships**

- Hospice and palliative care services
- Enhance communication with the Veteran, VA Providers and Community Health care provider
- Understanding VA benefits and resources
- To best meet the myriad need of Veterans with life-limiting illness

[http://www.nhpo.org/files/public/Veterans\\_HospiceVeteranPartnershipTK.pdf](http://www.nhpo.org/files/public/Veterans_HospiceVeteranPartnershipTK.pdf)

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Hospice-Veteran Partnerships are generally housed in the state hospice organization and activities are coordinated at the state level. Many HVPs also encourage the formation of local relationships between VA facilities, community hospices and other providers.

HVPs enhance communication among their member organizations. For example, because hospices need to know how to enter the ‘impenetrable monolith’ of VA - and how to find the right people within that system - HVPs are creating contact lists and making them available to all of their members. Another example is that although authorization for VA to pay for hospice care has existed for several years, individual hospices may still encounter problems. HVPs can help identify the barriers and, using national guidelines, work out kinks in the process at the local level.

For more detailed information about Hospice-Veteran Partnerships, see the Hospice-Veteran Partnership Toolkit, which can be downloaded at [www.wehonorveterans.org](http://www.wehonorveterans.org). There is also a PowerPoint presentation, VA 101: Hospice-Veteran Partnership Program, which is part of VA 101 Toolkit at this site.

# Veterans Benefits Administration

Slide 33

**Veterans Benefits Administration**

- General benefit information
- Compensation and pension
- Survivor's benefits
- Life insurance
- Education
- Home loans
- Vocational rehabilitation

www.vba.va.gov

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The second main branch of the Department of Veterans Affairs is the Veterans Benefits Administration (VBA). VA has a number of unique programs and benefits for Veterans and their family that often help support the social distress associated with life-limiting and terminal illness. These benefits are actually administered outside of VA health care system. The VBA is responsible for administering the Department's programs that provide financial and other forms of assistance to Veterans, their dependents, and survivors. Major benefits include compensation and pension service, aid and attendance, and disability compensation. Each of these is described below.

## Compensation and Pension Service

Slide 34

**Compensation and Pension Service**

- Administers a variety of benefits and services for Veterans, their dependents and survivors

service connected compensation  
non-service-connected pension  
burial allowances  
more options

www.vba.va.gov/bln/21/index.htm

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The Compensation and Pension Service administers a variety of benefits and services for Veterans, their dependents, and survivors, including, but not limited to: service-connected compensation, Dependency and Indemnity Compensation (DIC), non-service-connected pension, burial and accrued benefits, guardianship and public contact services. The Compensation and Pension Benefits Page (available at <http://www.vba.va.gov/bln/21/index.htm>) contains information about what benefits this service administers.<sup>11</sup>

Slide 35

**Veterans pension**

- **Benefit paid to wartime Veterans who have limited or no income, and who are > 65, or, if < 65, are permanently and totally disabled**

Discharged from service under conditions other than dishonorable

> 90 days of active military service, one day of which was during a war period (after 9/7/1980 at least 24 months or the full period for which called to active duty)

<http://www.vba.va.gov/bln/21/index.htm>

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“A Summary of VA Benefits” can be found at <http://www.vba.va.gov/bln/21/index.htm> or in the Background and Resources section of the Military History Toolkit.<sup>11</sup> A Veteran with low family income who is permanently and totally disabled as determined by VA medical records, is age 65 or older, is receiving Social Security benefits based on disability, or is a patient in a nursing home may be eligible for monetary support if he has 90 days or more of active military service, at least one day of which was during a period of war. Veterans who entered active duty on or after 9-8-80 (or Officers who entered active duty on or after 10-16-81), may have to meet a longer period of active duty requirement. The Veteran’s discharge must have been under conditions other than dishonorable, and the disability must be for reasons other than the Veteran’s own misconduct.

Payments are made to bring the Veteran’s income to a level set by Congress. Medical expenses not reimbursed by another source may be used to reduce countable income.

A Veteran’s pension may be limited if he or she is without dependents and is receiving care in a VA nursing home, VA is paying for the cost of his care in a private nursing home, or he or she is covered by Medicaid as a patient in a private nursing home.

## Aid and attendance

Slide 36

**Aid and attendance**

- **A Veteran who is determined by VA to be in need of the regular aid and attendance of another person, or a Veteran who is permanently housebound**
- **A Veteran evaluated at 30 percent or more disabled is entitled to receive additional payment for a spouse in need of the aid and attendance**

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Aid and attendance is a program administered by VBA. It allows VA to pay additional service-connected compensation to a Veteran who, as a result of military service, incurred the loss of, or loss of use of, specific organs or extremities. This benefit is not available to all Veterans, but often can help Veterans who wish to live in community

settings purchase or offset the cost of family staying home from work to provide personal care or support. VA health care teams can help complete the application but the determination is made by the benefit division. Since this process can take several months, for many Veterans on home hospice with a very short prognosis, the benefit may not become available in time to be of use. However, for Veterans with longer prognoses, the aid and attendance benefit will allow them to remain in the home.

This program is analogous to state Medicaid waiver programs that allow citizens eligible for support of nursing home care to use part of that financial resource to purchase in home care rather than going into more expensive nursing home venues.

A Veteran may establish entitlement to additional non-service-connected pension if medical evidence shows the Veteran is housebound, bed-ridden, or is so disabled as to need the aid and attendance of another person. He may also establish entitlement to an additional pension if he is a patient receiving skilled care in a VA or private nursing home.

A claim for special monthly benefits should be accompanied by a physician's statement in which diagnosis and prognosis of disabilities are discussed, as well as the effect the disabilities may be having on activities of daily living. Aid and attendance benefits may be subject to reduction if the Veteran is receiving inpatient care at a VA medical facility, or if VA is paying for the cost of care at a non-VA medical facility.

## Disability compensation

Slide 37

**Disability compensation**

- Benefit because of injury / diseases that happened while on active duty or worsened by active military service
- Eligibility  
service-related disability and discharged under other than dishonorable conditions
- Determined by extent of disability, # of dependents or seriously disabled spouse

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Disability compensation is a monetary benefit paid to Veterans who are disabled by an injury or illness that was incurred in or aggravated during military service. Compensation varies by the degree of disability and the number of the Veteran's dependents, and is paid monthly. These benefits are not subject to federal or state income tax.

If applying for benefits for the first time, the Veteran should use VA Form 21-526, Veteran's Application for Compensation and/or Pension. If a prior claim had been submitted in the past, regardless of how long ago, a letter explaining the new claim should be sufficient. If the Veteran has been treated for the claimed disabilities by VA, the dates and places should be indicated, and VA will obtain a report. If private medical

care has been used, the claim should be accompanied by recent physician's statements or hospital treatment records.

## National Cemetery Administration

Slide 38

**National Cemetery Administration**

- Burial services
- State grants program
- Provides headstones and markers to private cemeteries
- Maintains cemeteries as national shrines
- Presidential memorial certificates
- Memorial services

www.cem.va.gov

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The third major arm of the Department of Veterans Affairs is the National Cemetery Administration (NCA). The NCA operates 124 national cemeteries in the United States and territories together with oversight/management of 33 soldier's lots, confederate cemeteries, and monument sites. The mission of NCA is to honor Veterans with final resting places in national shrines and with lasting tributes that commemorates their service to our nation.

The list of services provided by NCA includes:

- burial services;
- state grants programs;
- headstones and markers to private cemeteries;
- maintenance of cemeteries as national shrines;
- presidential memorial certificates; and
- memorial services.

## Burial and Memorial Benefits

Slide 39

**Burial and Memorial Benefits ...**

- Reimbursement for burial expenses
- Service-connected death - up to \$2,000
- Non-service-connected death
  - VA will pay \$300 toward burial and funeral allowance, and
  - VA will pay \$300 for a plot allowance when the Veteran is buried in a cemetery not under U.S. government jurisdiction.

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Slide 40

**... Burial and Memorial Benefits**

- **Who can be buried in a VA cemetery**  
Veterans  
U.S. Armed Forces members who die on Active Duty
- **Eligibility criteria**  
honorably discharged  
24 months of active duty

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Many Veterans and families will be interested in one or more of the Burial and Memorial Benefits. At facilities there are individuals who assist families in understanding the benefits that are available. The types of services will be reviewed here but it is usually best to refer Veterans or families to social work service or Decedent Affairs. Staff from these offices will be able to provide information regarding burial and memorial benefits.

A VA burial allowance (\$300-\$2000 depending on circumstance) may be paid to the person who incurred the cost of the Veteran’s funeral and burial if the Veteran was discharged under other than dishonorable conditions, and that person will not be reimbursed by some other source. In addition, at least one of the following conditions must be met:

- the Veteran died from a service-related condition,
- the Veteran was receiving VA pension or compensation at the time of death,
- the Veteran was entitled to receive VA compensation but elected to receive military retired pay instead, or
- the Veteran died in a VA medical facility or a nursing home or other medical facility while under a VA contract (VA was paying for the cost of care), or in an approved State Veterans Nursing Home.

Slide 41

**Additional death benefits ...**

- **Burial flag** - to drape a coffin or accompany the urn  
given to next of kin as a keepsake
- **Funeral honors**  
folding and presenting the U.S. flag  
playing “Taps”

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Slide 42

**... Additional death benefits**

- Presidential Memorial Certificate – available to next of kin, relatives and friends
- Government headstone or niche marker
- Burial in a VA National Cemetery

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Claimants may apply for burial benefits by completing VA Form 21-530, Application for Burial Benefits, and should attach copies of the deceased Veteran’s military discharge record, the Veteran’s death certificate, itemized funeral and cemetery bills.<sup>12</sup> In most cases, the funeral home director should be able to assist families of deceased Veterans obtain the benefits outlined.

### Burial in a national cemetery

Burial benefits available include a gravesite in any of 124 national cemeteries with available space, opening and closing of the grave, perpetual care, a government headstone or marker, a burial flag, and a Presidential Memorial Certificate, at no cost to the family. Some Veterans may also be eligible for Burial Allowances. Cremated remains are buried or inurned in national cemeteries in the same manner and with the same honors as casketed remains.

Burial benefits available for spouses and dependents buried in a national cemetery include burial with the Veteran, perpetual care, and the spouse or dependents name and date of birth and death will be inscribed on the Veteran’s headstone, at no cost to the family.

### Burial in a private cemetery

Slide 43

**Private cemetery benefits**

- Burial flag
- Presidential memorial certificate
- Some Veterans may also be eligible for burial allowances
- No benefits available to spouses and dependents

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Burial benefits available for Veterans buried in a private cemetery include a government headstone or marker, a burial flag, and a Presidential Memorial Certificate, at no cost to the family. Some Veterans may also be eligible for burial allowances. There are not any benefits available to spouses and dependents buried in a private cemetery.

# What are VA Burial Allowances?

Slide 44

**Burial allowances**

- Partial reimbursements of an eligible Veteran's burial and funeral costs
- Burial allowances based on eligibility up to \$300 toward burial and funeral expenses up to \$300 plot interment allowance if the Veteran died because of a service-related disability, the burial allowance increases to up to \$2,000
- Eligibility criteria: [www.cem.va.gov](http://www.cem.va.gov)

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VA burial allowances are partial reimbursements of an eligible Veteran's burial and funeral costs. When the cause of death is not service-related, the reimbursements are generally described as two payments: 1) a burial and funeral expense allowance, and 2) a plot interment allowance.

Veterans may be eligible for a VA burial allowance if:

- you have not been reimbursed by another government agency or some other source, such as the deceased Veteran's employer, *and*
- the Veteran was discharged under conditions other than dishonorable.

In addition, at least one of the following conditions must be met:

- the Veteran died because of a service-related disability, *or*
- the Veteran was receiving VA pension or compensation at the time of death, *or*
- the Veteran was entitled to receive VA pension or compensation, but decided not to reduce his/her military retirement or disability pay, *or*
- the Veteran died in a VA hospital, in a nursing home under VA contract, or while in an approved state nursing home.

## How much does VA pay?

**Service-Related Death.** VA will pay up to \$2,000 toward burial expenses. If the Veteran is buried in a VA National Cemetery, some or all of the cost of transporting the deceased may be reimbursed.

**Non-Service-Related Death.** VA will pay up to \$300 toward burial and funeral expenses, and a \$300 plot interment allowance. If the death happened while the Veteran was in a VA hospital or under VA contracted nursing home care, the amount increases to \$700, and some or all of the costs for transporting the deceased's remains may be reimbursed



# Summary

Slide 45



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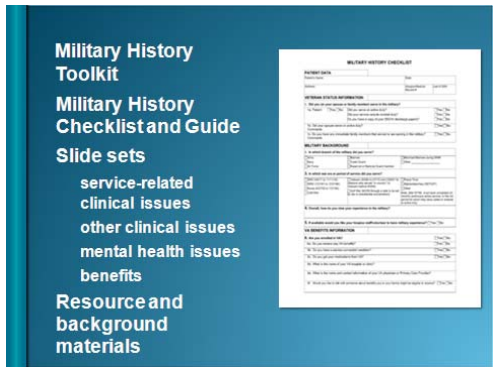
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The Department of Veterans Affairs consists of three main branches: the Veterans Health Administration (VHA), the Veterans Benefit Administration (VBA), and the National Cemetery Administration (NCA). Veterans are eligible for benefits through each of these branches. Although the provision of hospice and palliative care occurs as part of VHA, there may be other important benefits that are part of the other two branches. In addition to care within VHA, Veterans may also receive hospice services in the community, through Hospice-Veteran Partnerships.

Slide 46



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Much of the material for this module is derived from a Military History Project that was developed by the National Hospice and Palliative Care Organization's Veterans Advisory Council in collaboration with VA. It was developed to help community providers identify and assist Veterans, as well as to understand the impact military service can have on Veterans' physical and mental health. The Military History Toolkit can be a useful intake tool to help both VA and community providers identify Veterans, their specific needs, and potential ways the Department of Veterans Affairs can assist.

## Key take-home points

1. VA consists of over 170 medical centers, 350 outpatient and community clinics and more than 120 nursing home care units.

2. The three main branches of the Department of Veterans Affairs are the Veterans Health Administration, the Veterans Benefit Administration and the National Cemetery Administration.
3. Palliative care at VA is delivered through the Veterans Health Administration and consists of Palliative Care Consult Teams, Palliative Care Units and outpatient palliative care clinics.
4. Hospice-Veteran Partnerships have been established to connect VA to community hospice providers.
5. There are multiple burial benefits available through the National Cemetery Administration that Veterans might be eligible to receive.
6. Pensions and disability compensation are delivered through the Veterans Benefits Administration.

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