

WEBINAR

Overview of the Department of Veterans Affairs and Long-Term Care Services

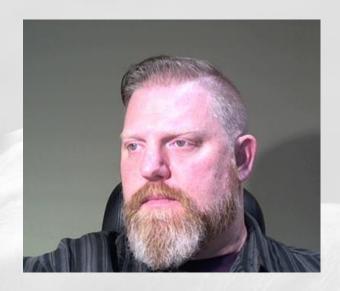
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Presenters



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Native American Veterans

- Code Talkers
- Many Native Americans join the service





Objectives

- Overview of the VA
- Eligibility for VA Services
- VHA Long-Term Care Services



MISSION

"... to care for him who shall have borne the battle and for his widow, and his orphan."

—Abraham Lincoln



- Established in 1930
- Elevated to Cabinet level in 1989
- Federal Government's 2nd largest department after the Department of Defense





- Three Administrations
 - Veterans Health Administration (VHA)
 - Veterans Benefits Administration (VBA)
 - National Cemetery Administration (NCA)

Secretary of Veterans Affairs

Veterans
Benefits
Administration
(VBA)

Veterans
Health
Administration
(VHA)

National
Cemetery
Administration
(NCA)

VHA:

- is one of the largest integrated healthcare systems in the world: 150 VA Medical Centers (VAMCs); 819 Community Based Outpatient Clinics (CBOCs); 135 Community Living Centers (nursing homes); 47 Residential Rehabilitation Programs; 300 Readjustment Counseling Centers (Vet Centers)
- Employs over 300,000 employees (2nd largest cabinet agency) and 21,000 mental health professionals
- 9.11 M Veterans enrolled in VA healthcare
- **VBA: 56** VBA Regional Offices
- NCA: 131 VA National Cemeteries / 9 Tribal Cemeteries

VHA MISSION STATEMENT

To honor America's Veterans by providing exceptional health care that improves their health and well-being.



Eligibility for VHA Services

"A Veteran is a person
who served in the active military,
naval or air service and
who was discharged or released
under conditions other than dishonorable."



Basic Eligibility Criteria

- Must be Active Duty for 24 months or more (after 9/7/80 Enlisted, or 10/16/81 Officers)
 - If not active duty, must have be activated by Title 10 orders and have completed the period for which activated
 - If discharged with less than 24 months due to convenience of the government, hardship or for medical reasons, the time in service requirement is waived
- Must have a discharge that is Honorable or General Under Honorable Conditions
 - If Other Than Honorable, must be adjudicated by sending VA Form 7131 to VBA
 - If Bad Conduct or Dishonorable, Veteran is barred from receiving Federal Benefits.

Basic Eligibility Criteria

- Non-Service Connected Veterans Eligibility is based on income
 - We <u>ALWAYS</u> consider income from the previous year.
 - EXCEPT when the Veteran has a hardship. Hardship Applications take into account THIS year's projected income
 - There are two thresholds (MT & GMT) Means Test and Geographical Means Test. MT is a national threshold. GMT is based on zip code. The higher of the two is the one that usually applies.
 - The threshold varies based on the number of dependents in the household (restrictions apply on who is considered a dependent)
 - When a Veteran is made eligible based on low income they are placed in PG5. Additional income thresholds apply that determine if PG5 Veterans may or may not be eligible to receive travel reimbursement.
- Once enrolled, a Veteran is placed into a Priority Group based on their individual status.
 - Priority Groups range from 1 to 8
 - Groups 7 and 8 have multiple subgroupings
 - All Subgroups are defined on the following pages

Copayments

- Outpatient Medical (only one per day, whichever is the highest)
 - Primary Care: \$15 / Visit
 - Specialty Care: \$50 / Visit
 - No copayment for preventative services such a screenings and immunizations
- Pharmacy*
 - PG 2-6: \$8/30-day supply (\$960 Annual Cap) only for treatment of nonserviceconnected conditions
 - PG 7-8: \$9/30-day supply (No Annual Cap)
- Inpatient Service (During a 365-day period)
 - PG 7: \$2/Day Per Diem plus (\$257.60 during 1st 90 Days) (\$128.80 Each Additional 90 Day period)
 - PG 8: \$10/Day Per Diem plus \$1,288
- Long-Term Care (Copayment starts on the 22nd day of care during any 12-month period)
 - Nursing Home/Inpatient Respite/Geriatric Eval
 max \$97/day
 - Adult Day Health Care/Outpatient Geriatric Eval / Outpatient Respite Care max \$15/day
 - Domiciliary Care max \$5/day

* On 2/27/2017, the VA Pharmacy copayments goes to a 3 tier system.

Tier 1 – \$5

Tier depends on specific medication

Tier 2 – \$8

Tier 3 - \$11

Do NOT Refer To Enrollment...

These are tasks that the Veterans must go somewhere else for

Question or Issue	Appropriate Contact	Contact Info
Decedent Affairs	Chaplain	May differ at some facilities
Healthcare for Family of 100% SC Veterans	CHAMP-VA	(800) 733-8387
In-Person Authentication, secured messaging	My Healthy Vet	Check your facility for locations
Military ID's (NOT VA Health ID Card) - ID's for 20(+) years retired or 100% SC veterans	Nearest Military DEERS Office	
DD214's (if not scanned into CPRS), other old military records, medals, dog tags	National Personnel Records Center	www.archives.gov http://www.archives.gov/veter ans/replace-medals.html
Ambulance bills, Emergency bills from non-VA hospitals	Network Payment Center	
VA medical records	Release of Information	
Social Security, Medicare Questions	Local State Medicare Office	

VA Medical Home

Must have a VA primary care provider

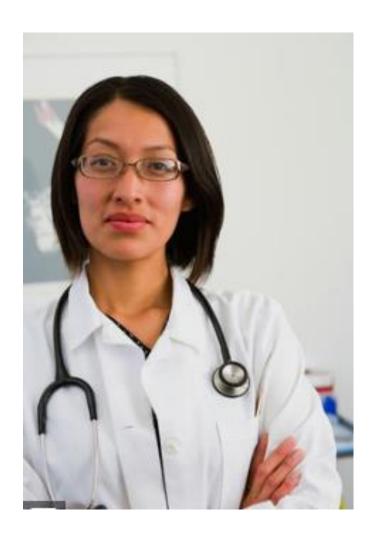
Definitions to navigate the system:

PCP - Primary Care Provider

PACT - Patient Aligned Care Teams

CBOC - Community Based Outpatient Clinic





VHA Long-Term Care Services

VHA Long-Term Care Services

Home & Community Based Services

Purchased Care

HBPC

NVCC

Community Home Health
Contract Nursing Home
Contract Adult Day
Health Care

CHOICE

H/HHA and Home Respite

Veteran Directed HCBS

Hospice

Home Infusion

Home-Based Primary Care

HBPC provides longitudinal, comprehensive, interdisciplinary care to veterans with complex chronic disease.

GOAL of HBPC

To keep the patient in their home, as long as the situation meets their needs and is safe.



Home-Based Primary Care

1970: began as a national pilot at 6 sites

1972: established as a program

2017: 146 HBPC programs nationwide

National census currently 37,414

Every HBPC program is unique, depending on the needs of the individual VA facility and surrounding communities!



Purchased Care Community Skilled Home Health

Community Skilled Home Care

- All Veterans are eligible but must:
 - Have skilled needs (RN, PT, OT, ST, SW)
 - Be homebound (with a few exceptions)
 - Provider who will follow episode of care
 - Face-to-face visit with a provider within last 30 days
- Generally short term, focused care

Purchased Care Skilled Services

Hospice

- All Veterans are eligible; must meet hospice criteria
- Requires PECOS enrolled MD consult and order

Home Infusion

 All Veterans are eligible but must be able to manage home infusion and have safe environment

Purchased Care Non-Skilled Services

Eligibility criteria:

- 3 or more ADL dependencies, <u>or</u>
- Significant cognitive impairment, or
- Require services as adjunct care to community hospice

<u>OR</u>

- 2 or more ADL dependencies, <u>and</u> two or more of the following conditions:
 - Dependency in 3 or more IADLs
 - 75 years or older
 - Lives alone in the community
 - Clinical depression
 - Recently discharged from a nursing facility
 - High utilizer of medical services (3+ hospitalizations in the past year or 12+ clinic/ECU visits)

Purchased Care Contract Nursing Home

Basic Eligibility:

- Mill Bill: 70% service connected or greater qualifies for Short-Term, Long-Term, Respite
- End of Life: last 1–2 months of life

Must be nursing home level of care for all placements

CNH VA staff provide facility placement

Purchased Care State Veterans Home

State Veterans Home

Collaborative relationship between federal VHA and State Veteran's Home and community

Purchased Care Homemaker/Home Health Aide Respite

Homemaker/Home Health Aide (H/HHA)

- Agency aides focus on assistance with ADLs
- Standardized assessment tool to determine hours/week
- Prioritize Veterans at end of life or discharging from inpatient, CLC, CNH

Outpatient Respite

Provides relief to primary caregivers

Purchased Care Community Adult Day Health Care Veteran Directed

Community Adult Day Health Care

Prioritize Veterans at end of life or discharging from inpatient, CLC, CNH

Veteran Directed Home & Community Based Services
Collaboration with County Aging Services

Community Living Center (CLC)

National system of nursing facilities with different levels of bed options:

- skilled nursing (IV antibiotics, wound care, physical therapy, occupational therapy, etc.)
- acute rehabilitation
- respite
- hospice
- palliative care
- long term care





Questions & Answers

VA Portland Health Care System Contact Information:

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