

Update on VA Benefits and Community Resources for Older Adults

Stephanie Hartz, LCSW, BCD

Hillary Lum, MD, PhD

December 17, 2021

Eastern Colorado GRECC

Update on VA Benefits and Community Resources for Older Adults

All those in control of the content of this continuing education activity reported no relevant financial relationships with commercial interests.

Learning Objectives

- Name appropriate geriatric and palliative care resources, both inside and outside the VA
- Distinguish Veterans who qualify for Aid and Attendance and other benefits
- Identify community resources for older adults

Case: High Risk Elderly Veteran

77 yo man living alone in rural Colorado

- Medical history: bladder cancer with bone mets & worsening pain, PTSD, anxiety, pulmonary embolism on anticoagulation, hypertension, and short-term memory loss
- Cancer care & treatment by non-VA community care providers
- Medications per day: 9
- Vietnam era Veteran
- Not service connected (NSC)
- Care partners: Dtr/MDPOA in CT & 6 friends close by, check in. Retired RN, will help w/ pillbox fills

Current status

- Function reduced d/t cancer pain, fatigue, weakness. Denies falls
- Nutrition reduced w/ weight loss, lack of appetite, uncontrolled constipation
 - No recent weight on file but appears thin, working w/ nutrition for supplements
- Cognition is poor in setting of short-term memory loss
 - Difficulty communicating on phone, often does not return calls, voicemail full
- Symptoms: abdomen pain, constipation, nausea, cancer pain to back, loss of appetite, fatigue
- Does not drive outside of small area near home, relies on friends and neighbors for transport, errands

What's available at home?

Home health services

- VA Home Health Benefit
- VA Respite Benefit
- VA Skilled Care
- Blending with Medicare (skilled care) or Medicaid (long-term services & supports)

VA programs for frail Veterans

- VA Home Based Primary Care
- VA Medical Foster Home
- Veteran Directed Care (VDC)

VA telehealth

Home Health Services

Long-term services and support at home, including:

- CNA, Homemaker, Respite care by CNA
- Skilled RN/PT/OT/SLP
- Skilled Palliative Care, where available through community agencies (typically a monthly visit from a palliative care nurse)

Payer source can be VA, Medicare or Medicaid depending on Veteran's eligibility and preference

Veteran Case: iADL's & ADL's

- Looking back on our tele-palliative care Veteran
 - Denies trouble w/ med management, obtaining food/drink & managing relationships
 - He facilitates transport from rural home to PUE multiple times weekly for medical visits. He drives short distance to USPS to DAV van
 - Pays his own bills, no double payments or forgetting. Autopay, no scams.
 - He cooks/cleans for self
 - When offered additional support “I don't what they would do”

iADL's & ADL's

- Key Point – An OT evaluation, including by VVC if available, can assess level of function, safety at home, and help meet equipment and supply needs
- ADL's
 - Feeding: getting food to mouth, tube feed
 - Bowel & bladder: getting to toilet, clean up self/clothes/bathe after accidents, use of incontinence products
 - Personal hygiene: bathing/showering, oral care, grooming, nail care
 - Dressing: make appropriate clothing decisions, physically dress/undress
 - Transferring/Mobility: sit to stand position, get in/out of bed. Ability to walk independently or propel self

Question: How do you discuss and decide what level of care a Veteran needs?

- Understand level of function = level of eligibility
- If trouble w/ ADL's, could be time to discuss higher level of care in NH
- VA resources – What's available in your region?
 - HBPC w/ support at home
 - Program of All-Inclusive Care of the Elderly
 - Community Nursing Home (CNH) program
 - Medical Foster Home (MFH)
 - Veteran Directed Care (VDC)
 - Adult Day Health Care (ADHC), Vet's Club
- Community “civilian” resources
 - Medicaid Home & Community Based Services (HCBS)

Home Based Primary Care

Goals of HBPC

- Patient-centered care, such as:
 - Understand, document & honor patient preferences
 - Being at home w/ available support
 - Preventing hospitalization/ED visits
- Transdisciplinary team
- Primary Care and care coordination
- Palliative Care
- Case Management

Medical Foster Home program

- Lives with a caregiver, who provides care
- In conjunction with Home Based Primary Care
- Veteran pays caregiver
- Veteran can also receive VA Home Health services (CNA, RN, etc.)
- https://www.va.gov/geriatrics/guide/longtermcare/medical_foster_homes.asp

Nursing Homes

- Community Nursing Homes (CNH)
 - Available for highly Service Connected
 - 70-100%
 - 60%SC + Unemployability
 - SC is the reason for NH placement
 - End-of-Life, no SC requirement; may be NSC
 - Respite, no SC requirement; may be NSC
- Community Living Centers
- State Veterans Homes

Veteran Directed Care

- Advantages – “Employs” a close contact to provide caregiving activities
- Eligibility: Veterans in need of nursing home care and interested in “self-directed care”
- Heavily weighed on ADL dependence/OT eval
- Coordinated thru Aging Network Agencies, similar to Medicaid HCBS
- Process is overseen by a VA social worker
- [Veteran-Directed Care - Geriatrics and Extended Care \(va.gov\)](#)
- Does my VA have VDC? [Veterans \(acl.gov\)](#)

Program for All-inclusive Care of the Elderly (PACE)

- Medicaid program for community-based long-term services and support + day center + integrated medical/dental care
- For Veterans who are 70-100% Service Connected -> VA pays (in Colorado)
- For Veterans <70% SC -> Available through Medicaid
- Limited by regional availability of PACE programs
- [National PACE Association | \(npaonline.org\)](http://npaonline.org)

VA GEC Website

[Home and Community Based Services - Geriatrics and Extended Care \(va.gov\)](https://www.va.gov/geriatrics-and-extended-care/home-and-community-based-services)

The screenshot displays the VA website's navigation and content for Geriatrics and Extended Care. At the top, there is a header with the VA logo, the U.S. Department of Veterans Affairs name, and a search bar. Below the header, a secondary navigation bar includes links for 'VA Benefits and Health Care', 'About VA', 'Find a VA Location', and 'My VA'. The main content area is titled 'Geriatrics and Extended Care' and features a breadcrumb trail: 'VA » Health Care » Geriatrics and Extended Care » Home and Community Based Services'. A left sidebar contains a 'QUICK LINKS' section with buttons for 'Hospital Locator' (with a zip code input field), 'Health Programs', 'Protect Your Health', and 'A-Z Health Topics'. Below these are logos for the 'Veterans Crisis Line' (1-800-273-8255) and 'My healthvet' (24/7 Online Access to VA). The main content area is divided into two sections: 'Home and Community Based Services' and 'Other Services'. The 'Home and Community Based Services' section contains nine tiles, each with an image and a title: 'Adult Day Health Care', 'Home Based Primary Care', 'Homemaker & Home Health Aide Care', 'Hospice Care', 'Palliative Care', 'Respite Care', 'Skilled Home Health Care', 'Remote Monitoring Care', and 'Veteran-Directed Care'. The 'Other Services' section includes a link for the 'Program of All-Inclusive Care for the Elderly (PACE)' and a 'return to top' link.

Question: How do you identify if a caregiver is involved? How do you ask how the caregiver is doing?

- To the veteran:
 - Who else should the VA know is involved in your health care?
 - What are things you get help with at home? Who is your helper?
- To the caregiver:
 - Check in with them by asking:
 - How are you doing/feeling?
 - What areas of the veteran's care could the VA help support?
 - What do you do to take time for yourself?
 - Who is your back up helper?

Caregiver Support

- VA Respite benefit
 - In-home: 6 hours by CNA per visit
 - Community nursing home or CLC
 - Can use a combination of in-home or CNH, 30 days maximum per calendar year

Caregiver Support

- VA's Caregiver Support Program
 - [VA Caregiver Support Program Home](#)
- Community-based resources
 - Area Agency on Aging for rural, “think civilian”
 - Alzheimer's Association or disease specific support groups (ALS, Parkinson's)

Community-based Resources for Older Adults

- Veteran Service Officers
- Veteran Community Partnerships
- County-specific Area Agency on Aging
- [Aunt Bertha - The Social Care Network](#)
- [Respite Relief For Military & Veteran Caregivers - Hidden Heroes](#)
- [Call 211 for Essential Community Services | United Way 211](#)
- [Alzheimer's Association | Alzheimer's Disease & Dementia Help](#)
- Friendship Line (Institute on Aging) – 800-971-0016

Question: Would telehealth address our Veteran's needs?

- Older adults w/ cognitive or functional limitations may have trouble coming into VA appts
 - Do they have a smart phone, tablet or computer at home? Or a support person available to attend w/ them?
 - Would reminders/check-ins be helpful?
 - How is vet getting to appts, is in-person care required for every visit?

Digital Divide Consult

- Vets who benefit from video telehealth services but don't have internet access or a video-capable device are eligible.
- VA lends them an internet-connected tablet to reach the VA care team.
- [Bridging the Digital Divide | Telehealth VA](#)



15%

of Veteran households
**do not have an
internet connection.**

*Federal Communications
Commission, 2019*

Home Telehealth (HT)

- Daily monitoring of VS for med titration & timely adjustments to plan of care; providers take proactive steps to intervene before an acute event occurs
- Improve communication, collaboration & coordination of care among IDT members (e.g., PACT, specialist providers, COM PharmD, MH team).
- Goal: empower vet to engage in their own health care to self-support their chronic condition after HT disenrollment. Most graduate in 6-12 mos.

DISEASE MANAGEMENT PROGRAMS

- Heart Failure
- Hypertension
- Schizophrenia
- Substance Abuse
- Diabetes (A1c >9%)
- Respiratory Infectious Disease*
- Depression
- Bipolar Disorder
- Anxiety
- PTSD



Annie Text Care Program

Dementia Behaviors & Stress Management protocol

VA's text messaging service that promotes self-care for Veterans enrolled in VA health care and their caregivers

Dementia Caregiver specific program:

- Phone that can receive text messages to enroll
- Provides help with dementia behaviors and stress
- Sends text messages 7 times per week for 1 year
- Messages are educational, motivational, tips to help with behaviors, and activities to manage stress

- Contact Caregiver Support Coordinator to enroll
- [Using the Annie App To Expand Veteran Care - YouTube](#)

Question: How do you assess whether a Veteran has palliative care needs?

- Does veteran have a serious or life-limiting illness?

OR

- Does the veteran have symptoms or complex care coordination needs that are limiting quality of life?

OR

- Does the veteran have a limited life-expectancy?

Veteran case: Goals of Care

From Chart Review

- No life-sustaining treatment note on file
- Full code
- Previous advanced directive names son who is now estranged from Veteran and requesting to complete new document

What matters?

- Remain independent
- Remain at home alone w/ support of friends & family
- Continue disease directed therapies for bladder cancer

Symptom needs

- Abdomen pain
- Cancer pain in back
- Constipation
- Nausea
- Loss of appetite
- Fatigue

Outpatient Palliative Care Clinic

- Physician/NP and SW
- Goals of care and understanding of illness
- Symptom management
- Benefits discussions
- Advance Directive documentation and Life-Sustaining Treatment Initiative
- System navigation
- Continuity across care transitions

Question: How do I determine if a Veteran is appropriate for Hospice Care?

- Estimate prognosis
- Explore goals of care specific to avoid hospitalization
- Describe hospice

How does the VA Hospice Benefit work?

- Provided via community hospice agency
 - Hospice-Veteran Partnerships:
[Hospice-Veteran Partnerships - We Honor Veterans](#)
- Hospice at CNH
- Community Living Centers
- General Inpatient Status (contracts with community hospice agencies)

Home Hospice

- Provided by a Community Agency
- Same criteria as Medicare (i.e., life expectancy less than 6 months)
- Medicare pay or VA pay

Inpatient Hospice for Routine Level of Care at Community Nursing Homes

- No SC requirement
- Meets Medicare criteria for hospice
- VA pays room & board
- VA or Medicare pay for hospice services
- May discharge from hospice and CNH if “graduates”
- Not for custodial nursing home care

Community Living Center (CLC) Hospice

- Hospice Medical Director & Interdisciplinary Team (no outside agency)
- PTSD training for VA staff
- Complex Goals of Care
- Concurrent care
- Homelessness
- Community of peers

Concurrent Hospice Care Services

- Homemaker
- Chemotherapy
- Radiation
- Hemodialysis



VA Benefits

What's available? Who qualifies?

Enrollment in the VA

- DD214
 - Determines eligibility for VA care
- Categories
- Catastrophic Disability
- Service Connection

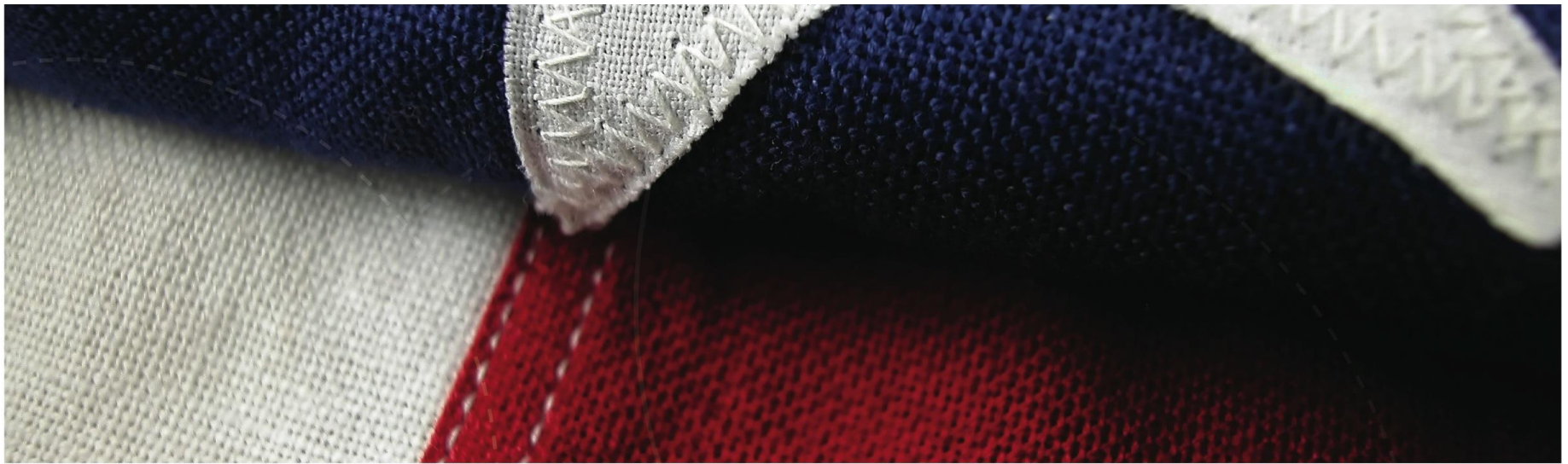
Aid and Attendance

Aid & Attendance – Provides financial assistance in addition to monthly pension:

- Eligible for a VA pension
 - wartime veterans with low income
 - 90 days of active military service, ≥ 1 day wartime
 - 65 or older
 - Totally and permanently disabled, in a nursing home, or receive SSDI or SSI
- Apply at VA Regional Office, need report from attending physician
- Require “aid and attendance” of another person or are housebound
- ***Requirements for Aid & Attendance:***
 - Require assistance to perform ADLs (Bathing, feeding dressing, toileting, adjustment of prosthetic devices)
 - Bedfast
 - In a nursing home due to mental or physical incapacity
 - Blind both eyes even with correction
 - [Aid And Attendance Benefits And Housebound Allowance | VA.gov | Veterans Affairs](#)

VA Burial Resources

- [VA Burial Benefits And Memorial Items | Veterans Affairs](#)
 - Determine eligibility
 - Pre-need burial eligibility determination
 - Veterans burial allowance
 - Memorial items
 - Benefits for spouse and dependents (VA DIC)



Thanks!

Please email with any feedback or questions!

Stephanie.Hartz@va.gov