

May 3, 2004

UNDER SECRETARY FOR HEALTH'S INFORMATION LETTER
NON-INSTITUTIONAL EXTENDED CARE

NOTE: IL 10-2003-012, dated October 1, 2003, is rescinded.

1. This Information Letter is to remind facility staff that the following policies need to be reviewed and implemented:
 - a. Veterans' Health Care Eligibility Reform Act of 1996, Public Law (Pub. L.) 104-262.
 - b. Veterans' Millennium Health Care and Benefits Act, Pub. L. 106-117.
 - c. Veterans Health Administration (VHA) Directive 2001-061, Non-institutional Extended Care Within VHA, dated October 4, 2001.
2. The following specified services are part of the VHA Medical Benefits Package:
 - a. Home-based Primary Care,
 - b. Purchased Skilled Home Health Care,
 - c. Homemaker/Home Health Aide,
 - d. Adult Day Health Care,
 - e. Geriatric Evaluation,
 - f. Respite, and
 - g. Hospice and Palliative Care.
3. This is a reminder that according to VHA Directive 2001-061:
 - a. All Department of Veterans Affairs (VA) facilities must provide or purchase these services for all enrolled, eligible veterans in need of such services.
 - b. At each facility where such services are not now available, or have limited availability, efforts must be made to establish or expand them.
 - c. VA national standards must be employed when determining veterans' eligibility for non-institutional long-term care (LTC) services.
 - d. Facilities are not authorized to establish local restrictions.

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- e. If the demand exceeds current capacity, waiting lists may be established.
4. Attachment A lists the authorities and regulations applying to the preceding policies.
5. Attachment B is a synopsis of the eligibility criteria for geriatric and extended care programs. Facility staff are encouraged to use this as a reference document for Home and Community-based Care Programs.
6. Additional information is available from the Geriatrics and Extended Care Strategic Healthcare Group (114) at (202) 273-8539.

Jonathan B. Perlin, MD, PhD, MSHA, FACP
Acting Under Secretary for Health

Attachments

DISTRIBUTION: CO: E-mailed 5/3/2004
FLD: VISN, MA, DO, OC, OCRO, and 200 – E-mailed 5/3/2004

ATTACHMENT A

**NON-INSTITUTIONAL LONG-TERM CARE
AUTHORITY, REGULATION, AND POLICY**

1. Home-Based Primary Care (HBPC)

Authority – Title 38 United States Code (U.S.C.) 1717
Regulation – Title 38 Code of Federal Regulation (CFR) 17.38(a)(1)(ix)
Policy – VHA Manual M-5, Part V

2. Purchased Skilled Home Health Care (PSHC)

Authority – 38 U.S.C. 1717, and 38 U.S.C. 1720C
Regulation – 38 CFR 17.38(a)(1)(ix)

3. Homemaker/Home Health Aide (H/HHA)

Authority – 38 U.S.C. 1717, and 38 U.S.C. 1720C
Regulation – 38 CFR 17.38(a)(1)(ix)

4. Adult Day Health Care (ADHC), both Department of Veterans Affairs (VA) and Contract ADHC

Authority – 38 U.S.C. 1710B(a)(4), 38 U.S.C. 1720 (f), and 38 U.S.C. 1720C
Regulation – 38 CFR 17.38(a)(1)(xi)(B)
Policy – VHA Manual M-5, Part IX

5. Geriatric Evaluation

Authority – 38 U.S.C. 1710B(a)(1)
Regulation – 38 CFR 17.38 (a)(1)(xi)(B)
Policy – VHA Directive 2001-061

6. Respite Care

Authority – 38 U.S.C. 1710B(a)(5)
Regulation – 38 CFR 17.38(a)(1)(xi)(A)(B)
Policy – VHA Manual M-5, Part VII, Chapter 1; VHA Directive 2002-016; and VHA Handbook 1140.1

7. Hospice and Palliative Care

Authority – 38 U.S.C. 1717, 38 U.S.C. 1720C
Regulation – 38 CFR 17.38(a)(1)(xi)(A)
Policy – VHA Directive 2002-038 and VHA Directive 2003-008

ATTACHMENT B

ELIGIBILITY CRITERIA FOR HOME AND COMMUNITY-BASED CARE PROGRAMS (H&CBC) AND GERIATRIC EVALUATION

This attachment describes eligibility criteria for the Department of Veterans Affairs' (VA) Home and Community-Based Care (H&CBC) Programs, and for Geriatric Evaluation. All H&CBC services are ordered by a physician, following an interdisciplinary team assessment. Program admission is based on individual patient care needs. Program admission criteria are designed to ensure that services are targeted appropriately. Programs with large proportions of patients meeting the admission criteria are particularly efficient.

1. Home-based Primary Care (HBPC)

a. Patient is enrolled for VHA care and meets all of the following:

(1) The patient has a complex disease process that necessitates care by an interdisciplinary team.

(2) Routine clinic-based care is arduous or not effective due to physical, functional or psychological impairments.

(3) The patient and/or caregiver accept HBPC as the primary care provider.

(4) The patient's care needs can be met by HBPC program.

(5) The patient lives within HBPC's service area. Boundaries are designated by each health care facility.

(6) The patient has an identified caregiver, if the need for one is determined by the HBPC team.

(7) The patient's home is the most appropriate venue for care as determined by the HBPC team.

(8) The patient's home environment is safe for the well being of the patient, caregiver and the HBPC team member.

b. **Populations Targeted by HBPC.** Populations targeted by HBPC include patients who are high-risk; are high utilizers of health care resources (e.g., two or more hospital admissions or Emergency Room visits in the last 6 months, multiple unscheduled clinic visits, etc.); and/or have one of the following diagnoses:

(1) Chronic Obstructive Pulmonary Disease (COPD) or Congestive Heart Failure (CHF).

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(2) Neurological disease (Parkinson's Disease, Amyotrophic Lateral Sclerosis, Multiple Sclerosis, stroke, dementia, etc.).

(3) Diabetes Mellitus.

(4) Coronary Artery Disease.

(5) Cancer.

(6) Acquired Immune Deficiency Syndrome (AIDS).

(7) End-stage liver disease.

2. Purchased Skilled Home Health Care. Enrolled veterans must meet both clinical and homebound conditions, listed as follows:

a. Be medically determined to require at least one of the following:

(1) Intermittent, short term or long term skilled nursing assessment, teaching, treatment services or monitoring.

(2) Intermittent, short-term, or transitional rehabilitative therapies: Physical therapy, Speech and/or language pathology services, Occupational therapy.

(3) Intermittent, short term or transitional Social Work services.

b. Is homebound. A veteran is considered homebound when any of the following conditions are met:

(1) Veteran requires the assistance of another individual in order to leave the home.

(2) It is medically contraindicated for the veteran to leave home.

(3) Leaving home requires a considerable and taxing effort.

(4) Veteran leaves home only for short and infrequent periods.

(5) Veteran leaves home only for medical care (including adult day health care) or religious services.

3. Homemaker and Home Health Aide Services (H/HHA)

a. Enrolled veterans are eligible for H/HHA if they are determined, through interdisciplinary assessments, to have one or more of the following conditions:

(1) Three or more Activities of Daily Living (ADL) dependencies or

(2) Significant cognitive impairment or

(3) Require H/HHA services as adjunct care to community hospice services, or

(4) Two ADL dependencies and two or more of the following conditions:

(a) Dependency in three or more Instrumental ADL (IADL).

(b) Recent discharge from a nursing home, or upcoming nursing home discharge plan contingent on receipt of home and community-based care services.

(c) Seventy-five years old, or older.

(d) High use of medical services defined as three or more hospitalizations in the past year and/or utilization of outpatient and/or emergency evaluation units twelve or more times in the past year.

(e) Clinical depression.

(f) Living alone in the community.

b. Exceptions to these admission criteria must be documented in the patient's health care record.

4. Adult Day Health Care (ADHC). Enrolled veterans are eligible for ADHC if they are determined, through interdisciplinary assessments, to have one or more of the following conditions:

a. Three or more ADL dependencies or

b. Significant cognitive impairment or

c. Two ADL dependencies and two or more of the following conditions:

(1) Dependency in three or more IADLs.

(2) Recent discharge from a nursing home, or upcoming nursing home discharge plan contingent on receipt of home and community-based care services.

(3) Seventy-five years old, or older.

(4) High use of medical services defined as three or more hospitalizations in the past year and/or utilization of outpatient clinics and/or emergency evaluation units twelve or more times in the past year.

(5) Clinical depression.

(6) Living alone in the community.

5. Geriatric Evaluation. All criteria are clinically-based; there are no eligibility criteria written in statute. Inclusionary and exclusionary criteria are specified since targeting is important to the appropriate service provision.

a. **Inclusionary Criteria.** Inclusionary criteria (patients who most likely would benefit from comprehensive geriatric evaluation) include:

(1) Patients age 65 years and older with multiple medical, functional, and/or psychosocial problems.

(2) Patients with particular geriatric problems, such as:

(a) Dementia,

(b) Urinary incontinence,

(c) Unsteady gait and/or falls,

(d) Malnutrition,

(e) Depression, and

(f) Elder abuse.

b. **Exclusionary Criteria.** Exclusionary criteria (patients who most likely would not benefit from comprehensive geriatric evaluation) include:

(1) Patients in an intensive care unit.

(2) Patients who have a well-documented terminal illness with a life expectancy of 6 months or less.

(3) Patients in need of total care (e.g., severe, irreversible dementia; brain-stem cerebral vascular accident) and either:

(a) Have an inadequate social support network to allow for eventual return to home, or

(b) Lack suitable rehabilitation potential to allow for discharge to home or community-based setting.

(4) Patients who exhibit persistent, major behavioral difficulties and requires constant supervision (e.g., suicidal, abusive).

(5) The patient has a long history of poor cooperation with evaluation and management recommendations (e.g., chronic alcoholics, patients with a severe personality disorder).

6. **Respite Care.** For admission to respite care, the following criteria must be met:

a. The veteran has a diagnosed chronic disabling illness or condition.

b. The veteran lives at home and requires substantial assistance in ADL in order to continue to reside safely in the home.

c. The veteran's caregiver is in need of temporary or intermittent relief from day to day care tasks in order to sustain this care-giving role.

d. The veteran must meet clinical criteria, as well as eligibility criteria, for nursing home and long-term care. Clinical criteria include dependence in three or more ADL or significant cognitive impairment, and two or more of the following conditions:

(a) Dependence in three or more Instrumental ADL.

(b) Recent discharge from a nursing home.

(c) Seventy-five years old, or older.

(d) Identification as a high utilizer of medical services (defined as having three or more hospitalizations in the past year, or utilizing outpatient clinics and/or emergency evaluations twelve or more times within the preceding 12 months).

(e) Being clinically depressed.

7. **Hospice and Palliative Care**

a. Veterans meeting these criteria are eligible for hospice and palliative care services:

(1) They are enrolled in VHA care.

(2) They have an advanced disease that is life-limiting and are refractory to disease-modifying treatment.

(3) Their primary goal of treatment is comfort rather than cure.

b. Hospice and palliative care services are to be appropriately provided in all settings, and include bereavement support to the veteran's family.