

# VA Geriatrics & Extended Care

## Resources Guide

October, 2010 Version 1.0

**NOTE: Throughout this guide, a Red Letter in parentheses ["(B)"] indicates the VACO-GEC person (see white box following orange "Emerging Programs" section) to contact if questions arise.**

### **Non-Institutional Home and Community Based Care (H&CBC)— Standard Benefits Package**

#### Who is Eligible for Non-Institutional Long-Term Care?

**All Veterans** enrolled in VA's health care system:  
H&CBC are part of VHA Medical Benefits Package.

**Referral:** Care must be ordered by a VA provider for Veterans who meet clinical need for the service.

**Payment\*:** Co-pay may be charged for Adult Day Health Care, Homemaker/Home Health Aide, Purchased Skilled Care, Community Respite or GEM, based on Eligibility/Means Test.

**\*Contact *Team Social Worker/Care Manager* to assist Veteran to complete Application for Extended Care Benefits (VA Form 10-10EC).**

**Target Population:** Veterans needing skilled services, case management, and assistance with Activities of Daily Living (ADL) or Instrumental ADL (IADL); isolated or experiencing caregiver burden

**NOTE:** H&CBC services may be used in combinations

**Adult Day Health Care (ADHC)**: congregate, group health maintenance/rehab services. Actual mix of services varies. VA-provided or -Purchased. **(A)**

**\*\* Indications:** social isolation, ADL/IADL dependencies; close follow-up/care coordination; caregiver stress; at risk for nursing home care.

**Home-Based Primary Care (HBPC)**: comprehensive longitudinal primary care by VA interdisciplinary team at the home of a Veteran with complex chronic disabling disease when routine clinic-based care is not effective. **(B)**

**\*\* Indications:** can benefit from interdisciplinary team, close monitoring, care coordination and caregiver support; frequent Urgent Care visits; hospitalizations or at-risk for nursing home care.

**Purchased Skilled Home Care** --provided in home via contract agencies to homebound Veterans in need of skilled services (e.g., Nursing, PT, OT, or Speech Therapy), or Social Services. **(C)**

**\*\*Indications:** need for short- or long-term in-home skilled care services; difficulty traveling or excessive distance to VAMC for outpatient care.

**Homemaker and Home Health Aide (HM/HHA)**: personal care services in home using public and private agencies for patients who meet criteria for nursing home placement. **(C)**

**\*\*Indications:** needs assistance with ADL or IADL.

**Respite Care** temporarily relieves spouse or other caregiver from burden of caring for chronically ill or disabled Veteran at home. Respite Care can be arranged for in-home (C) or nursing home/hospital (G).

**\*\*Indication:** Caregiver stress

**Home Hospice Care** --provided by Community Hospice agencies. Comfort-oriented, supportive services in home for Veterans in advanced stages of incurable disease. Bereavement care available to family following patient's death. Services provided by interdisciplinary team 24 h/day, 7day/week (C) (D)

**\*\* Indications:** chronic progressive disease with life expectancy of 6 months or less.

**Home Telehealth**--can coordinate Veterans' total care to maintain independence by managing chronic illnesses cost-effectively with electronic support.

**\*\* Indications:** need for close monitoring of vital signs and/or frequent communication with veteran or caregivers.

**Contact Care Coordn/Telehealth Service**

**NON-VA Paid Community Services**--GEC assists with referral to other Federal/State/County or local programs often covered by other entitlement programs (Medicare, Medicaid, Elderly Waiver, and Private Insurance).

**Contact Social Work Service**

## **Geriatric Clinics, Consultation Services, and Other Resources**

**“Geriatric Evaluation” (GE)**: assessment and care plan development—***MUST BE AVAILABLE*** to all veterans who may benefit. Offered in GEM, HBPC, Geriatric Primary Care, and other programs meeting specific staffing criteria. **(E)**

**Geriatric Evaluation and Management (GEM)** for older Veterans with multiple medical, functional, and psychosocial problems and/or geriatric syndromes (e.g., falls). Provided in inpatient or outpatient setting by interdisciplinary team. **(E)**

**Geriatric Primary Care** for frail elderly Veterans whose care needs are not adequately addressed in Primary Care Clinics due to complexity/behavior. **(E)**

**Hospice-Palliative Care Consultation Team:** Required at all facilities--assist Veterans/families/staff with chronic disease care & end-of-life issues. **(D)**

### **Specialty Clinics & Other Resources**

- **Dementia Clinics**: provide consultation related to diagnosis and treatment; family interventions **(F)**
- **Geriatric Problem-Focused Clinics** focus on clinical challenges associated with geriatric syndromes **(E)**
- **Geriatric Research, Education and Clinical Centers (GRECCs)**--20 Centers of Excellence responsible for increasing knowledge on aging; develop improved clinical services; educational activities targeting VA staff and trainees from the full range of health disciplines. **(E)**

## *Institutional Nursing Home Care* (Eligibility defined by program)

### *Who is Eligible for VA Nursing Home Care?*

Eligibility and admission criteria are unique to each venue of nursing home care. Details on eligibility can be found at [www.va.gov/elig](http://www.va.gov/elig)

**Referral:** Contact your team **Social Worker** or your local GEC department.

**Payment:** Under the Millennium Health Care Act, 1999, VA must pay full cost of care for Veterans who require nursing home care and meet the following criteria:

- Service-Connected (SC) disability rating of 70 percent or more; OR
- Needs nursing home care for a SC disability; OR
- Rated 60 percent SC and is either unemployable or has an official rating of "permanently and totally disabled."

**Nursing Home Care** can be provided to other Veterans if space and resources are available thru the following settings (next panel):

**VA Community Living Centers:** located on or near VA Medical Centers, provide a dynamic array of **short stay** (<90 days) and **long stay** (>91days) services.

- **Short stay services:** skilled nursing, rehabilitation, respite and hospice care.
- **Long stay services:** dementia care, spinal cord injury care, and long term maintenance care.
- **Admission priority** for those with SC conditions.
- **Non-Service Connected (NSC) veterans** may be provided **short term nursing home care** if space and resources are available.
- **NSC Veterans** may be responsible for the LTC “Institutional Co-pay” for nursing home care including Respite and GEM, based on Eligibility status and Means Test criteria.
- Contact **Social Worker** to complete *Application for Extended Care Benefits (VA Form 10-10EC)*. **(G)**

**Community Nursing Home (CNH) Program:** contracts for care of Veterans in community nursing homes approved by VA. The CNH program makes it easier for some Veterans to remain closer to families. GEC provides quality oversight. **(C)**

**State Veterans Home (SVH) Program:** a grant program in which VA pays part of the daily charge for nursing home care. SVH may admit non-veteran spouses and gold star parents. Admission criteria differ by state. VA surveys state homes for compliance with VA standards. **(H)**

## Emerging Programs

**Medical Foster Home (MFH)** --a variant of Community Residential Care: home chosen by Veteran who is unable to live independently. A means to receive family-style living with room, board, personal care. MFH Veterans are enrolled in HBPC. **(A) (B)**

**\*\*Indications:** medical supervision needs; socially isolated; multiple medical issues/complex care needs.

**Veteran-Directed Home & Community Services (VDHCBS)** provide Veterans of all ages opportunities to receive H&CBC services in consumer-directed fashion, enabling them to avoid nursing home and continue to live in home/community. Offered in collaboration with the Administration on Aging. **(C)**

**\*\*Indications:** Motivated for self-directed care; needs assistance with personal care services, chore services; ADL/IADL dependencies; at risk for requiring nursing home care.

**Caregiver Support Programs:** VA Resources and Community Partnerships (Alzheimer's Association) vary by facility. Caregivers play key roles in helping high-risk veterans remain safely at home. GEC promotes expansion of Caregiver efforts through various venues. **(A) (B) (C) (E)**

**\*\*Indications:** Caregiver burden and stress; can benefit from period of relief

## **Program of All-Inclusive Care for the Elderly**

**(PACE)**: successful model of care for nursing home certifiable individuals, offered in urban and rural communities, centered around Adult Day Health Care. VA funds purchase of some or all PACE services. **(C)**

**\*\*Indications:** at-risk of nursing home care, frequent Urgent Care visits/hospitalizations; need for skilled care services or assistance with ADLs/IADLs; socially isolated/caregiver stress.

## **Patient-Centric Innovative Programs under development at some sites:** **(E)**

- Rural Home Care Pilots...Streamlined VA Home Care
- Gero-Psychiatric Mental Health Collaboratives
- Chronic Disease Mgmt Projects (Dementia Care)
- Hospital at Home

**GEC website:** <http://www1.va.gov/geriatrics/>

## **National GEC Points of Contact (POCs)**

*(red letters refer to each POC's programs; contact info in Outlook)*

**James F. Burris, MD** (Chief Consultant, GEC)

**Rick Green, MSW** (Adult Day Health Care) **(A)**

**Tom Edes, MD** (Director, Home and Community Care) **(B)**

**Dan Schoeps** (Chief, Purchased Care) **(C)**

**Scott Shreve, DO** (Hospice and Palliative Care) **(D)**

**Kenneth Shay, DDS, MS** (Director, Geriatric Programs) **(E)**

**Susan G. Cooley, PhD** (Chief, Dementia Initiatives) **(F)**

**Christa Hojlo, PhD** (Director, VA Community Living Ctrs) **(G)**

**Nancy Quest, RN** (Director, State Veterans Homes) **(H)**

This guide was developed for the 2010 Patient Centered Medical Home Summit by a group led by Barb Hyde, Rosie Durham, Dwight Nelson, Sam Nasr, and Kathy Horvath.

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