STATEMENT OF
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Good afternoon, Chairman Tester, Ranking Member Moran, and other distinguished Members of the Committee. I appreciate the opportunity to discuss Veterans' access to long-term care in both institutional and non-institutional settings. I am accompanied today by Scotte R. Hartronft, MD, MBA, FACP, FACHE, CPE Executive Director, Office of Geriatrics & Extended Care.

The older population in America is growing. For the first time in U.S. history, adults over the age of 65 are on pace to outnumber children under 18 by 2034. With this shift in demographics comes a greater demand for health services and a need to innovate care delivery to meet those demands. As Veterans age, approximately 80% will develop the need for long-term services and supports. Most of this support in the past has been provided by family members. Veterans over the age of 65 represent a greater proportion of the VA patient population than observed in other health care systems. Supporting Veterans as they age is a priority for VA. VA programs provide care and support for Veterans through a spectrum of Home- and Community-Based Services (HCBS) to inpatient and long-term care.

Home- and Community-Based Care

Ninety percent of Americans prefer to age in place, in their homes or in the least restrictive setting possible, as long as it is safe to do so[1]. VA supports Veterans' expressed desire to remain in their own homes for as long as possible. VA provides and purchases an array of HCBS from qualified providers through the Community Care Network contracts and Veterans Care Agreements. In fiscal year (FY) 2022, VA served approximately 411,900 unique Veterans and spent $3.9 billion on Home and Community-Based Care . Personal care service programs assist Veterans with self-care and activities of daily living. VHA programs include the following:

- **Adult Day Health Care:** This is a program Veterans can go to during the day for health maintenance, peer support, and therapeutic recreation. The program is designed for Veterans who need skilled services, case management, and help with activities of daily living. Most adult day health care is purchased from

[1] Aging in Place (2020). "Aging In Place Vs. Assisted Living." Retrieved from: https://www.aginginplace.org/aging-in-place-vs-assisted-living/

community providers, but five VA medical centers (VAMC) also provide this service within their facilities.

- **Home-Based Primary Care (HBPC):** In this program, longitudinal and comprehensive Primary Care is provided to Veterans in their homes. Care is provided by an interdisciplinary team. This evidence-based program is for Veterans with serious medical, social, and behavioral conditions for whom routine clinic-based care is not effective. HBPC national expansion efforts initiated in FY2022 thru FY2025 will support 75 new additional HBPC teams serving at least 5,625 additional Veterans.
- **Homemaker/Home Health Aide:** The program allows a trained person to come to a Veterans home and provide personal care services, such as bathing and dressing. These aides are not nurses, but they are supervised by a registered nurse who will help assess the Veteran's daily living needs.
- **Medical Foster Home (MFH):** Nursing home-level care is provided to Veterans in private homes with no more than three Veterans residing in the home. These homes provide an alternative to long-term care for those Veterans who elect to receive their long-term care in a community setting. VA inspects and approves all MFHs and ensures caregivers are well trained to provide VA planned care. There are currently 136 VA sites that offer MFH in 44 States and territories, and VA plans to expand to all VAMCs by the end of 2025. The small care environment, support and education provided by the MFH and HBPC teams enable Veterans to remain safely in the community instead of institutions.
- **Palliative and Hospice Care:** This program seeks to optimize quality of life and relief of distressing symptoms for Veterans with serious illness. Palliative care can be combined with disease-directed treatments and delivered at any time in the trajectory of an illness based on Veteran and family needs. VA has established interdisciplinary palliative care teams in every VAMC and offers to purchase or provide hospice care for all enrolled Veterans deemed appropriate for this care. Hospice services are provided by VA and also purchased for Veterans.
- **Respite Care:** This service pays for a person to come to a Veteran's home or for a Veteran to go to a program outside of their home to receive care while their family caregiver takes a break. Thus, the family caregiver is allowed time without the worry of leaving the Veteran alone and while ensuring the Veteran is able to receive necessary care.
- **Skilled Home Health Care:** Skilled home health care entails short-term health care services that can be provided to Veterans if they are homebound or live far away from a VAMC. The care is purchased and delivered by a community-based home health agency that has a contract or other agreement with VA.
- **Veteran-Directed Care:** This program gives Veterans of all ages the opportunity to receive HCBS they need in a consumer-directed way. Veterans in this program are given a flexible budget for services that can be managed by the Veteran or the family caregiver. As part of this program, Veterans and their caregivers have more access, choice, and control over their long-term care services. Currently, the Veteran Directed Care program operates at 71 VA

medical centers. VA will expand the program to all VA medical centers over the next 2 years.

Facility-Based Care

VA obligations for nursing home care in FY 2022 reached $7.3 billion. It is projected that between FY 2019 and FY 2039, the total number of Veteran enrollees will decrease by 8% but, during this same period, the number of enrollees aged 85 and older will increase by 38%. The number of Veterans in this older age group with the highest levels of service-connected disabilities are projected to increase by over 535% over the same period. If nursing home utilization continues at the current rate among Veteran enrollees, without consideration of inflation, the total costs for all long-term services and supports are estimated to rise to more than $15 billion per year within the next decade.

Evidence demonstrates that appropriate use of the programs and services available through VA, especially those services that are provided in HCBS, can reduce the risk of preventable hospitalizations and delay or prevent nursing home admissions and associated costs. While VA has increased access to HCBS over the last decade, there is an urgent need to accelerate the increase in the availability of these services. This is mainly because most Veterans prefer to receive care at home, and VA can improve quality care at a lower cost by providing care in these settings. In the immediate term, VA will focus actions on the following strategic initiatives: (1) expand VA-provided and community purchased HCBS for aging in place, which includes the MFH, VDC, and HBPC expansions; (2) create, test, support and disseminate evidence-based best practices in geriatric care throughout the enterprise, which includes becoming the largest Age Friendly Health System based on the Institute for Healthcare Improvement standards; (3) expand access to geriatric, palliative, home and long-term care with the use and expansion of telehealth services across all care settings and locations; (4) ensure access to modern facility-based long term care for those who require it; (5) train, recruit and retain a workforce of geriatric and palliative care staff across all disciplines; and (6) provide geriatric and palliative care training to primary care and specialty care providers of all disciplines.

When options for living at home are no longer feasible for a Veteran's care, VA can offer the Veteran care in a nursing home setting in which skilled nursing care, along with other supportive medical care services, is available 24 hours a day. VA operates 134 Community Living Centers (CLC) across the country. All Veterans receiving nursing home care through VA, whether provided in a VA-operated CLC or purchased by contract in a Community Nursing Home (CNH), must have a clinical need for that level of care. Mandatory eligibility under 38 U.S.C. § 1710A for nursing home care is provided for those Veterans with service-connected disabilities rated at 70% or higher or who need nursing home care for service-connected conditions. Veterans with mandatory nursing home eligibility can receive care in a VA CLC or a community nursing home under VA contract, and the Veterans' preferences based upon clinical indication and/or family/Veteran choice are always a consideration. Most Veterans do not meet the

mandatory service connection eligibility for nursing home care at VA expense, and they may receive care under 38 U.S.C. § 1710 based on available resources.

Veterans can also choose to receive nursing home care at a State Veterans Home (SVH). VA maintains a relationship with SVHs. VA provides quality oversight of SVHs and provides per diem payments for Veterans' care through the SVH Grant and Per Diem Program. Through this effort, States provide care to eligible Veterans across a wide range of clinical care needs through nursing home care, domiciliary care, and adult day health care programs. VA's SVH construction grant program provides funding for construction and renovation of the State home, per diem payments to assist with the daily cost of furnishing the care, and ongoing quality monitoring to ensure Veterans in SVHs receive high quality care in accordance with VA standards. Currently, there are 163 SVHs across all 50 States and Puerto Rico.

Improving High-Quality Care

VA has already embarked on an accelerated roll-out of the Veterans Directed Care (VDC) program. Under the plan, all VAMCs will have operating programs over the next 2 years. VA is also adding 75 new HBPC teams, this expansion will be focused on the VAMCs with the highest unmet need. By end of FY 2026, all VAMCs will be required to have an MFH Program. Also, VA is testing a new model of homemaker/home health aide services where the services are being provided by VA staff and not a community agency.

Additionally, the Redefining Elder Care in America Project (RECAP) pilot, currently located at three VAMCs, uses predictive analytics to identify Veterans at highest risk for nursing home admission in the next 2 years and proactively align the Veteran with needed home- and community-based services to delay or prevent nursing home placement. The Nursing Home to Home pilot focuses efforts on low-need Veterans residing in VA paid community nursing homes who wish to return to their home setting. Nursing Home to Home staff work with the individual Veteran to identify if a safe transition to home can be accomplished, and if so, coordinate the necessary care to ensure a successful return to home.

Implementation of Joseph Maxwell Cleland and Robert Joseph Memorial Veterans Benefits and Health Care Improvement Act of 2022

As required by section 161 of the Joseph Maxwell Cleland and Robert Joseph Dole Memorial Veterans Benefits and Health Care Improvement Act of 2022 (the Cleland-Dole Act), the Office of Geriatrics and Extended Care (GEC) is working to (1) identify current and future needs of Veterans for long-term care based on demographic data and availability of services; (2) identify current and future needs for both institutional and non-institutional long-term care, and (3) address new and different care delivery models. GEC is engaging with the Office of Policy and Planning and Forecasting and Enrollment to gather data from the Enrollee Healthcare Projection Model on the future needs of Veterans for long-term care. Initial planning is underway.

A staffing analysis is being conducted with an emphasis on long-term support and services to have a better understanding of workforce requirements. GEC initiated a preliminary review of long-term support and services not currently available through VA, focusing on services provided by States with high-performing home- and community-based service programs. GEC anticipates no barriers in producing the report in the required one-year timeline.

In accordance with section 163 of the Cleland-Dole Act, VA is developing an implementation plan for the Geriatric Psychiatry Pilot Program at SVHs with an anticipated implementation date for the two-year pilot of 12/2023. This pilot program will recognize both the importance of interprofessional geriatric mental health services to meet the mental health needs of the SVH Veteran population and the reality of severe geriatric psychiatry (and other geriatric mental health) workforce shortages. VHA's current plan is to offer interprofessional geriatric mental health, including geriatric psychiatry, telehealth services to Veterans and teleconsultation to SVH teams in select SVHs via one or more Veterans Integrated Service Network Clinical Resource Hubs.

Implementation of section 165 of the Cleland-Dole Act is underway through collaboration between GEC and the Office of Integrated Veteran Care to establish provider and payment processes that will be used to pay caregivers in MFHs. The team is reviewing current processes and working to develop a unique process for MFHs that matches the requirements of the authorization. Due to the complexities of the various processes for contracting, ordering, and paying for this new and unique service, GEC and IVC are working to formalize a final projected date of Veteran enrollment.

Conclusion

VA's various long-term care programs provide a continuum of services for older Veterans designed to meet their needs as they change over time. Together, they have significantly improved the care and well-being of Veterans, even during times of crisis. These gains would not have been possible without consistent Congressional commitment in the form of both attention and financial resources. It is critical that we continue to move forward with the current momentum and preserve the gains made thus far. Your continued support is essential to providing high-quality care for our Nation's Veterans and their families.

Chairman Tester, this concludes my testimony. My colleagues and I are prepared to answer any questions you may have.