STATEMENT OF
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LONG-TERM CARE FOR VETERANS IN MAINE
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Good afternoon, Senator King. I appreciate the opportunity to discuss Veterans' access to long-term care in both institutional and non-institutional settings. The Department of Veterans Affairs (VA) programs provide care and support for Veterans of all ages through a spectrum of home and community-based services (HCBS) to include inpatient and long-term care. I am accompanied today by Dr. Annette Beyea, Associate Chief of Staff, Geriatrics and Extended Care and Community Living Centers.

The older population in America is growing. For the first time in the history of the United States, adults over 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 support. Most of this support in the past has been provided by family members. Veterans over 65 represent about 50% of the Veteran Health Administration (VHA) enrollees, and this patient population is a greater proportion than that observed in other health care systems. It is projected that between fiscal year (FY) 2023 and FY 2035, the total number of Veteran enrollees nationally will decrease by 8%, but during this same period, the number of enrollees who are 85 and

older will increase by 73%. The number of VHA women enrollees aged 85 and older is projected to increase by 127% during that same time period.

The VA health care system, like the larger U.S. health care environment, faces significant challenges when preparing for the increased number of older adults and their expected health care needs. Some of the biggest known challenges include having an adequately trained workforce to provide care to older adults, addressing the gaps in geographic access to care (including rural areas), and the need for more specialized care such as for dementia. These challenges will require significant and continuous innovation, assessment, and adaptability.

Home and Community-Based Services (HCBS)

An estimated 90% 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 a large array of Home and Community-Based Services (HCBS) from qualified providers through community care network contracts and Veterans care agreements. In 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. Evidence demonstrates that the 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. In the immediate term, VA will focus actions on the following strategic initiatives: (1) expand HCBS to better allow Veterans to age in place; (2) modernize systems for healthy aging by creating, testing, supporting, and disseminating evidence-based best practices in geriatric care throughout the enterprise, which includes becoming the largest age-friendly health

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

system (AFHS) based on the Institute for Healthcare Improvement (IHI) Standards; (3) ensure access to modern facility-based long-term care for those who require it; (4) expand access to geriatric, palliative, home, and long-term care with the use and expansion of telehealth services across all care settings, and locations; (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.

Facility-Based Care

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 obligations for nursing home care in FY 2022 reached $7.3 billion. If nursing home utilization continues at the current rate among Veteran enrollees, the total costs for all long-term services and support are estimated to rise to more than $15 billion per year within the next decade without consideration of inflation.

VA will need to continue using a mix of VA community living centers (CLC), community nursing homes (CNH) and state Veterans homes (SVH) to meet the needs of current and future Veterans for two reasons. First, each meets the needs of certain Veterans better than others, and second, the broad network allows for better geographic location of care choice for Veterans and their families. VA operates 134 CLCs across the country and has agreements with over 6,000 CNH facilities for short stay therapy and over 2,000 CNH facilities for long stay needs. To assist with future expected increased demand, we are currently working to increase the number of CNH facilities that can provide long stay care. All Veterans receiving nursing home care through VA, whether provided in a VA-operated CLC or purchased by contract in a CNH, must have a clinical need for that level of care. Mandatory eligibility under 38 U.S.C. § 1710A for nursing home care is established 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 CNH under VA contract. The Veteran's 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, but they may still receive nursing care under 38 U.S.C. § 1710 based on the available resources.

Qualifying Veterans can also choose to receive nursing home care at an SVH facility which is owned, managed, and operated by the states. However, the SVH and VA collaborate to share the costs of care. Unlike with the CNH program, VA provides quality oversight of SVHs and multiple significant resources, including but not limited to, construction grants covering up to 65% of the project costs, per diem grants to cover part of the cost of care for each eligible Veteran, nurse recruitment, and retention grants. VA also offers the opportunity for SVHs to enter into a medical sharing agreement with their local VA medical center (VAMC) of jurisdiction to purchase specialty care and medications from the VA formulary with significant cost savings. Through these efforts, 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 also routinely collaborates with and supports the National Association of State Veterans Homes (NASVH) through regular meetings, conferences, and other interactions. Currently, there are 164 SVHs with 157 providing nursing home care including 47 that are combined with domiciliary care and 7 SVHs providing only domiciliary level of care across all 50 states and Puerto Rico.

Improving High-Quality Care and Access

VA is undertaking many significant initiatives to prepare our staff and facilities to provide better care for aging Veterans. There is a significant multi-year effort ongoing to implement the IHI AFHS initiative, which focuses on evidence-based care practices related to what matters most to the Veteran such as medications, mobility and mentation. As of January 8, 2024, VA had 132 VAMCs earning IHI AFHS recognition in 305 care settings, and we have a new FY 2024 group of 410 teams from 126 facilities

about to start their community of practice to gain recognition. VA is on its journey to become the largest age friendly integrated health system.

VA is also working to make its emergency departments to become geriatric emergency departments accredited by the American College of Emergency Physicians (ACEP). As of December 2023, VA had 68 of its 111 emergency departments (EDs) accredited by ACEP, with 9 additional ED's pending accreditation and more applications are pending.

Additionally, VA is currently undertaking one of the largest multi-year expansions of HCBS to better allow Veterans to age in place. VA is implementing a plan to accelerate the roll-out of the Veteran Directed Care (VDC) Program. Under the plan, all VAMCs will have VDC Programs by the end of FY 2024. VA is in the process of adding 75 new Home-Based Primary Care (HBPC) teams. This expansion will focus on VAMCs with the highest unmet need. By end of FY 2026, all VAMCs will be required to have a Medical Foster Home (MFH) Program. The HBPC Homemaker-Home Health Aide (HHA)/Certified Nursing Assistant Pilot supports the needs of aging Veteran population by improving coordination of care, access to care and quality of care provided to Veterans in their own homes. Access to caregivers in the home supports a Veteran's desire to age in place in their homes. The VA Maine Healthcare System has hired one 0.5 Full-Time Equivalent (FTE) Registered Nurse Coordinator to oversee the program and is recruiting for five FTE nursing assistants for this pilot.

Further, VA is conducting multiple pilots related to HCBS to find new possible programs to better serve Veterans. The pilots include, but are not limited to, the Redefining Elder Care in America Project (RECAP) Pilot, currently operated at three VAMCs that uses predictive analytics to identify Veterans at highest risk for nursing home admission in the next 2 years and proactively aligns the Veteran with needed HCBS to delay or prevent nursing home placement. Early results have been positive with the increased utilization of HCBS and positive feedback from Veterans and caregivers. As more Veterans are seen in the pilot, VA will be collecting additional data

on outcomes. A RECAP site is anticipated in 2024 at the Maine VA. The Nursing Home to Home Pilot, currently operated at three VAMCs, focuses efforts on low-need Veterans residing in VA-paid CNHs who wish to return to their home setting. Nursing Home to Home Pilot 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. A new co-employer option model called the Technology Enabled Homecare Model Pilot will test a hybrid of the current HHA and VDC Programs to see if it is a better model for Veterans. Planning for this pilot is still underway, and VA is working with available community providers and networks to implement it. VA is also testing a new model of HHA services at four VAMCs (including Togus) where the services are being provided directly by VA-hired staff and not a community agency. In Maine, there are already active VDC, MFH and HBPC Programs, and VA is adding another HBPC team at three sites (Togus, Caribou, and Bangor). The existing VDC program in Maine is also having a multiyear funded expansion.

As for facility-based care, VA has multiple interdisciplinary improvement and modernization projects underway. VA significantly invested in VA SVH oversight by creating and staffing four regional teams with members from the Per Diem Program, Construction Program, clinical and quality-related staff, an education point of contact, and an identified NASVH regional liaison. There are also multiple interdisciplinary projects in VA CLCs and CNH Programs.

Implementation of the Joseph Maxwell Cleland and Robert Joseph Dole 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; Division U of P.L. 117-328), VA is working to accomplish the following: (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. VA will provide its report to Congress later this year, as required by law.

In accordance with section 163 of the Cleland-Dole Act, VA also implemented the 2-year Geriatric Psychiatry Pilot Program at SVHs in December 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. VA plans to offer interprofessional geriatric mental health, including geriatric psychiatry, telehealth services to Veterans and teleconsultation to SVH teams in select SVHs through one or more the Veterans Integrated Service Network Clinical Resource hubs.

Finally, VA is implementing section 165 of the Cleland-Dole Act by establishing provider and payment processes that will be used to pay for care in MFHs. VA 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, VA is still working to formalize a final projected date for Veteran enrollment.

Conclusion

VA's various long-term care programs provide a continuum of services for aging Veterans designed to meet their needs as they change over time. Together, they have significantly improved the care and well-being of aging 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 the Nation's Veterans and their families.

This concludes my testimony. My colleague and I are prepared to respond to any questions you may have.