

Veterans Benefits:

What is available and what is needed.

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Community Care Programs

Veterans Home Directed Care

-New Program in partnership with ADS

-Whatcom, Skagit, Clallam, Jefferson, Grays Harbor, Pacific, Pierce or King counties

-Provides up to a budget maximum of \$2500/month for veteran to purchase a package of care services provided both inside and outside the home. Example: in-home personal care, massage, chore assistance, adult day health, delivered meals...

-Eligibility:

Three or more ADL dependencies

Significant cognitive impairment

Receiving hospice services

Two ADL dependencies and two or more of the following:

3 or more IADL dependencies

Recently discharged from a nursing facility

75 years old or greater

3 hospitalizations or 12 outpatient clinics or emergency evaluations

Clinically Depressed

Lives Alone

Community Care con't

Homemaker Home Health Aide

- Home based personal assistance with Activities of Daily Living (ADL) and Instrumental Activities of Daily Living (IADL). Example: non-skilled personal care, light housekeeping, meals prepared, transportation to appointments, shopping
- To reduce the admission of veterans to a nursing home by providing.
- Help the veteran to increase their skills necessary to remain independent in ADLs or become less dependent when possible.
- Provide respite care to the caregiver so that the veteran can remain in their home.

Eligibility:

Being discharged from a nursing home

Being discharged from a hospital and who would otherwise require admission to nursing home.

Under hospice care.

Community Care con't

Respite

- 31 days each *calendar year* for every veteran meeting criteria.
- Provided in the VA Community Living Centers at American Lake & the Seattle VA, at a local/community contracted nursing home, using the community adult day health care program or homemaker home health aid program.
- To give family caregivers and other informal and unpaid social support systems temporary relief from the demands of daily care, thereby supporting the veteran's desire to delay or prevent nursing home placement .

Eligibility-

The veteran has a diagnosed chronic disabling illness or condition.

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

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.

The veteran must meet clinical criteria, as well as eligibility criteria for nursing home and long-term care (same criteria as for VHDC).

Community Care con't

Contract Nursing Home Program

- Skilled and Intermediate Care nursing homes contracted with the VA to provide care to veteran residents at VA expense.
- Time-limited:one month to indefinite care at VA expense, when resources/funding permits.

Eligibility-

- Any veteran who has a service-connected disability rating of 70 percent or more;
- A veteran who is rated 60 percent service-connected and is unemployable or has an official rating of "permanent and total disabled;"
- A veteran with combined disability ratings of 70 percent or more;
- A veteran whose service-connected disability is clinically determined to require nursing home care;

Community Care Con't

Adult Day Health Care

- Therapeutically oriented outpatient day program that provides health maintenance, rehabilitative services, socialization, and caregiver support in a congregate setting
- 2 days a week attendance covered

Eligibility-

- one or more of the following conditions:

Three or more ADL dependencies, or

Significant cognitive impairment, or

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

Dependency in three or more IADLs.

Recent discharge from a nursing home, or planned nursing home discharge contingent on receipt of home and community-based care services.

Seventy-five years old or older.

High use of medical services defined as three or more hospitalizations in the past year; or twelve or more visits to outpatient clinics and emergency rooms in the past year.

Clinical depression.

Living alone in the community.

Innovative services

Care Coordination Home Telehealth:

- Messaging/monitoring devices, video tele-monitors and video phones
- Monitor vital signs: pulse, weight, temperature, blood pressure
- For those with diabetes, chronic heart failure, chronic obstructive pulmonary disease (COPD), depression or post-traumatic stress disorder
- Enables veterans to remain at home and live independently
- Enhances primary care

Caregiver Support

- **Fisher House:** Short term housing for families of hospitalized veterans.
- **Caregiver Support Groups:** weekly/monthly, both topic specific and not
- **Annual Caregiver Conference:** 2 days, free
- **Aid and Attendance and Special Monthly Compensation:** additional funds for disabled veterans to spend on care.

Housing

HUD/VA Supported Housing

- HUD provided “Housing Choice” Section 8 vouchers designated for participating Public Housing Authorities to assist with rent payment.
- To promote maximal Veteran recovery and independence to sustain permanent housing in the community.

Eligibility-

- Meet the McKinney Act definition of homelessness :
 - (1) lacks a fixed, regular, and adequate night time residence, or
 - (2) has a primary night time residence that is:
 - (a) A supervised publicly or privately-operated shelter designed to provide temporary living accommodations; including welfare hotels, congregate shelters, and transitional housing for the mentally ill;
 - (b) An institution that provides a temporary residence for individuals intended to be institutionalized; or
 - (c) A public or private place not designed for, or ordinarily used as, a regular sleeping accommodation for human beings.
- Must need case management services in order to obtain and sustain independent community housing.

Housing

Grant /Per Diem

- To promote the development and provision of supportive housing and/or supportive services with the goal of helping homeless Veterans achieve residential stability, increase their skill levels and/or income, and obtain greater self-determination.
- **Grants:** Limit is 65% of the costs of construction, renovation, or acquisition of a building for use as service centers or transitional housing for homeless Veterans. Renovation of VA properties is allowed, acquiring VA properties is not. Recipients must obtain the matching 35% share from other sources. Grants may not be used for operational costs, including salaries.
- **Per Diem:** Operational costs, including salaries, may be funded by the Per Diem Component. For supportive housing, the maximum amount payable under the per diem is \$35.84 per day per Veteran housed. Veterans in supportive housing may be asked to pay rent if it does not exceed 30% of the Veteran's monthly-adjusted income.

CAREGIVERS AND VETERANS OMNIBUS HEALTH SERVICES ACT OF 2010

- On May 5, 2010, President Obama signed the Caregivers and Veterans Omnibus Health Services Act of 2010 into law. The law includes provisions that help provide support for the caregivers of seriously injured Iraq and Afghanistan Veterans, helps improve services for our nation's 1.8 million women Veterans, and helps expand the availability of health care for Veterans and services preventing Veterans from becoming homeless. These measures and others honor the sacrifices of our men and women who have served this country proudly, the commitment and dedication of those who care for our wounded service members every day, and our Nation's sacred responsibility to stand by our troops, our Veterans, and their families. To view the Act, visit:

http://frwebgate.access.gpo.gov/cgibin/getdoc.cgi?dbname=111_cong_bills&docid=f:s1963enr.txt.pdf

OMNIBUS HEALTH SERVICES ACT

• TITLE I—CAREGIVER SUPPORT

- Sec. 101. Assistance and support services for caregivers.
- Sec. 102. Medical care for family caregivers.
- Sec. 103. Counseling and mental health services for caregivers.
- Sec. 104. Lodging and subsistence for attendants.

• TITLE II—WOMEN VETERANS HEALTH CARE MATTERS

- Sec. 201. Study of barriers for women veterans to health care from the Department of Veterans Affairs.
- Sec. 202. Training and certification for mental health care providers of the Department of Veterans Affairs on care for veterans suffering from sexual trauma and post-traumatic stress disorder.
- Sec. 203. Pilot program on counseling in retreat settings for women veterans newly separated from service in the Armed Forces.
- Sec. 204. Service on certain advisory committees of women recently separated from service in the Armed Forces.
- Sec. 205. Pilot program on assistance for child care for certain veterans receiving health care.
- Sec. 206. Care for newborn children of women veterans receiving maternity care.

OMNIBUS HEALTH SERVICES ACT

- TITLE III—RURAL HEALTH IMPROVEMENTS

- Sec. 301. Improvements to the Education Debt Reduction Program.
- Sec. 302. Visual impairment and orientation and mobility professionals education assistance program.
- Sec. 303. Demonstration projects on alternatives for expanding care for veterans in rural areas.
- Sec. 304. Program on readjustment and mental health care services for veterans who served in Operation Enduring Freedom and Operation Iraqi Freedom.
- Sec. 305. Travel reimbursement for veterans receiving treatment at facilities of the Department of Veterans Affairs.
- Sec. 306. Pilot program on incentives for physicians who assume inpatient responsibilities at community hospitals in health professional shortage areas.
- Sec. 307. Grants for veterans service organizations for transportation of highly rural veterans.
- Sec. 308. Modification of eligibility for participation in pilot program of enhanced contract care authority for health care needs of certain veterans.

- TITLE IV—MENTAL HEALTH CARE MATTERS

- Sec. 401. Eligibility of members of the Armed Forces who serve in Operation Enduring Freedom or Operation Iraqi Freedom for counseling and services through Readjustment Counseling Service.
- Sec. 402. Restoration of authority of Readjustment Counseling Service to provide referral and other assistance upon request to former members of the Armed Forces not authorized counseling.
- Sec. 403. Study on suicides among veterans.

Questions:

- **Are there gaps/barriers in services? YES!**

gaps-care for families and children, caregiver support, rural svcs, therapy for older adults, outreach services

barriers- income limits, disability criteria, staffing levels, building space, distance to clinics/ hospitals , old VA reputation, change is *sloooow*.

- **Can the system serve all who access it? NO!**

- expanding care to younger veterans and families, sheer numbers, exponential costs for care of severe injuries /disabilities

- **What might be other reasons why individuals don't access the VA services (even if they do know about them)?**

- remaining 60's-70's stigma, media hype, complicated system of eligibility/ benefits, distance to facilities, male system ("good old boys"), older population, less choice for care options, "government," hard to get info.

- **What can AC do?**

Be educated about veterans issues, support collaborative funding programs in state and county, dispel myths, advocate for more services across the age span