



United States House of Representatives
Committee on Veterans' Affairs
Subcommittee on Health

Written Testimony
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Members of the Subcommittee:

Thank you for the opportunity to provide written testimony regarding the future of veterans' long-term care. Understanding and projecting healthcare needs has become a top priority for the California Department of Veterans Affairs (CalVet) and we welcome any efforts to improve collaboration between the state, the federal government, and private providers. As I will discuss later in my testimony, the Subcommittee and CalVet are grappling with similar long-term care issues, parallel work which may offer opportunities for collaboration and innovative partnerships.

Background

CalVet operates eight Veterans Homes throughout the state, offering comprehensive services including medical care, dentistry, pharmacy, activities, , and various rehabilitation modalities programming. Ranging in size from 60 to 900 residents, the Veterans Homes are located in Barstow, Chula Vista, Fresno, Lancaster, Redding, Ventura, West Los Angeles, and Yountville.

To be eligible for admission, applicants must be former active duty servicemembers who were discharged under other-than-dishonorable conditions; in addition, they must be aged or disabled California residents who qualify for health care from the U.S. Department of Veterans Affairs (VA). Spouses of veterans may be eligible for joint admission. Priority admissions are available for recipients of the Medal of Honor, former prisoners of war, homeless veterans, and those with 70% or greater service-connected disability ratings. Today, the Veterans Homes care for up to 2,400 veterans and spouses.

Every state throughout the country operates at least one Veterans Home, each of which is closely connected to the VA. The VA annually surveys and certifies these facilities to ensure residents receive quality health care in a safe living environment. Once certified, the VA pays a per diem for all qualified veterans, ranging from approximately \$50 to more than \$500 per day, depending on the veteran's location, service history, and care needs. In addition, the VA funds up to 65% of construction costs for approved projects. Finally, many of our residents receive specialty and other services from the VA.

Demographic Changes

CalVet is at a turning point in its history. For nearly 130 years, the State of California operated no more than three Veterans Homes that emphasized dormitory-style independent living units with shared bedrooms and bathrooms. Beginning in 2009, five additional Veterans Homes opened in response to an increased demand for higher levels of care throughout the state and strong support for veterans' programming. As this construction and expansion period is ending and we are seeing the beginning of a massive demographic shift in the veteran population, CalVet is again exploring how veterans' care needs have changed in recent decades, how to coordinate with and take best advantage of proximity to VA support, how best to utilize the resources it has, and how the Department can best position itself for the future.

There are clear generational differences among veterans and these translate into differences in how they utilize long term care. Current residents served in World War II, in the Korean War, and – in increasing numbers – during the Vietnam Era. Different generations of veterans have very different physical, psychological, and emotional care needs, as well as different preferences for how they spend their time and the ways in which they interact with their peers.

Today, we see veterans are applying for admission later in life, caring for themselves for as long as possible and arriving at our Veterans Homes with greater care needs than prior applicants. A growing number of applicants were previously homeless and require substance abuse and mental health services. The demand for higher levels of care and specialty services has increased significantly.

Long-Term Care Needs Assessment

To meet the coming demographic changes, CalVet is undertaking an extensive statewide needs assessment. We have recruited several highly skilled individuals to lead this effort, using an array of surveys, studies, and datasets to develop projections. Based on all of these projections and the programming and resources of our facilities, CalVet will identify potential shortcomings in services while exploring the role of the Veterans Homes and other providers in bridging those gaps. The VA has graciously provided access to its data as well as support via subject-matter expertise, and we greatly appreciate its assistance with CalVet's project.

While our research is ongoing, we expect the assessment to confirm and reinforce some of the trends we already notice. For example, we anticipate continued demand for skilled nursing care as veterans live longer and have more complex healthcare issues. In particular, there will likely be a sustained need for secured memory care units for veterans with dementia-related illnesses.

CalVet also expects more demand for mental and behavioral health programming focusing on post-traumatic stress, substance abuse, and other conditions. Veterans with these conditions may not fit the classical model of a long-term care patient.

Finally, and perhaps most importantly, CalVet hopes to develop a better understanding of how the VA, Veterans Homes, non-profit organizations, and private long-term care facilities are or are not equipped to meet these challenges and what the VA's long-term plans are so all providers understand their respective roles in veterans' care.

No single entity can offer every service for every veteran. As healthcare providers, it is critical that we work together to identify our current and future roles in serving the aging veteran community. This hearing is an excellent opportunity to work toward that goal.

Conclusion

We are in the leading edge of a massive shift in the veteran population demographic. Veterans' healthcare needs and preferences are evolving, and their service providers must anticipate and adapt to those changes. CalVet will continue to collaborate with the VA and with industry leaders to ensure veterans receive the full spectrum of care that they earned in service of their country. Again, thank you again for the opportunity to address the Subcommittee and for convening this hearing on veterans' long-term care.