



# NATIONAL ASSOCIATION OF STATE VETERANS HOMES

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***“Caring for America’s Heroes”***

**Statement for the Record**

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**National Association of State Veterans Homes (NASVH)**

**House Veterans’ Affairs Subcommittee on Health**

**July 27, 2021**

Chairwoman Brownley, Ranking Member Bergman and Members of the Subcommittee:

Thank you for the opportunity to provide the views of the National Association of State Veterans Homes (NASVH) on meeting the needs of aging veterans and the role that State Veterans Homes (SVHs) can play in supporting veterans in their homes and communities. As you may know, NASVH is an all-volunteer organization dedicated to promoting and enhancing the quality of care and life of veterans and families in State Veterans Homes through education, networking, and advocacy.

Today’s hearing is focused on how VA can expand support for home and community based long term support services, a goal NASVH shares, and our testimony includes concrete recommendations to better utilize the existing State Veterans Homes infrastructure to help more aging veterans remain in their homes. However, given the rising number of veterans with long term care needs, it is imperative that any increased support for non-institutional care programs comes in conjunction with increased support for traditional bed-based long term care, rather than in competition with it. Instead of rebalancing resources away from institutional to non-institutional care programs, Congress and VA need to continue expanding support for both.

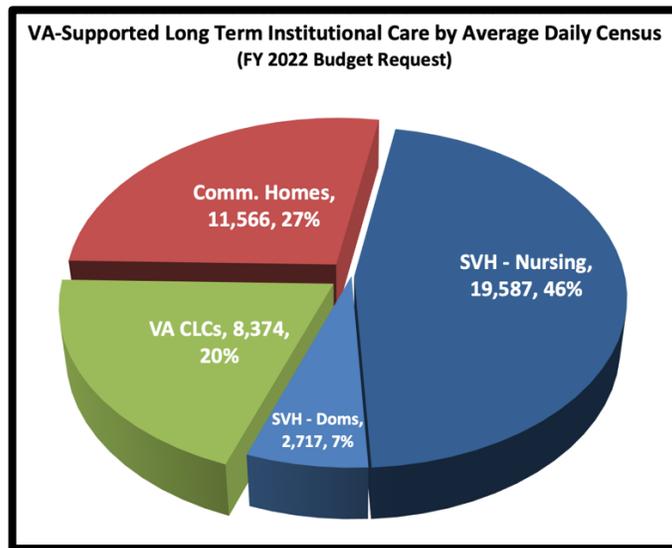
## **Background of State Veterans Home Program**

The State Veterans Homes program is a partnership between the federal government and state governments. SVHs receive basic per diem payments from VA for providing skilled nursing care, domiciliary care, and adult day health care (ADHC) to eligible veterans. VA pays a higher prevailing rate for veterans who need nursing home care due to a service connected disability or for veterans with service-connected disabilities rated at 70 percent or higher. VA also provides State Home Construction Grants, covering up to 65 percent of the cost to build, renovate and maintain SVHs, with states required to provide at least 35 percent in matching funds.

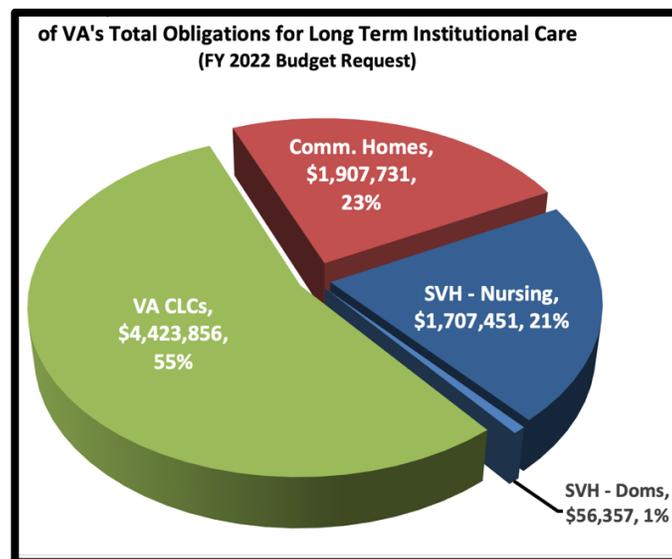
Today, there are 158 State Veteran Homes located in all 50 states and the Commonwealth of Puerto Rico, with over 30,000 authorized beds available, making the SVH program the largest provider of long term care for our nation’s veterans. Among those SVHs, 151 operate skilled nursing care programs, along with 51 domiciliary care programs offering alternative long term support for veterans who are not in need of skilled nursing care, but who need shelter and

supportive services. In addition, there are currently three SVHs that offer adult day health care, which is a non-institutional alternative to skilled nursing care for aging veterans who have sufficient family support to remain in their own homes, but who need or will benefit from services available at SVHs.

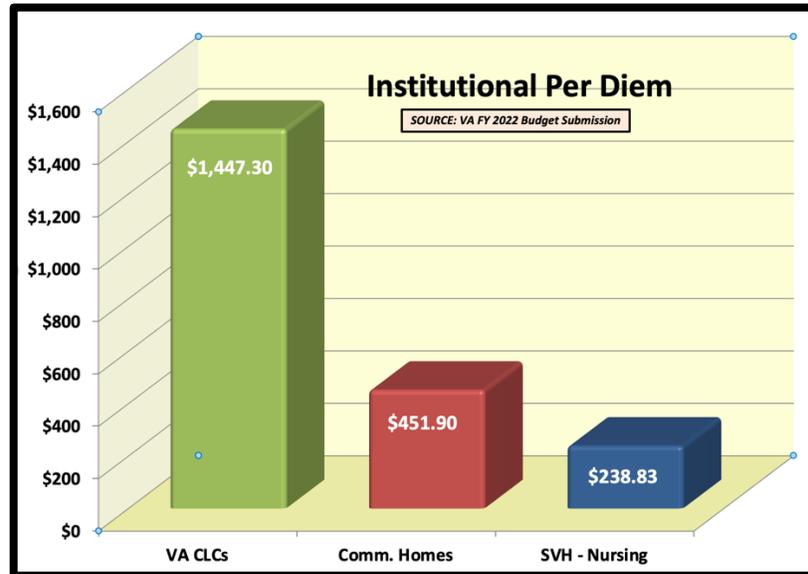
The Government Accountability Office (GAO) reported last year (GAO-20-284) that, “State Veterans Homes had the highest average daily census and provided over half of all institutional care based on the average number of veterans for which VA funded nursing home care on any given day during the year.” That statement is confirmed by VA’s FY 2022 Budget Submission, charted below.



However, according to VA’s FY 2022 budget submission, State Veterans Homes account for less one quarter of VA’s FY 2022 total obligations for long term institutional care, as charted below.



Furthermore, VA’s calculation of Institutional Per Diem (IPD) shows that State Veterans Homes IPD is almost half that of private sector community nursing homes and less than one-sixth compared to VA’s community living centers (CLCs), as charted below.



As both GAO and VA’s budget submission make clear, investing in State Veterans Homes is the most cost-effective way to maximize VA appropriations to provide convenient, high-quality institutional care for those sick and elderly veterans who have no home-based care options.

**Support Both Home-Based and Traditional Nursing Home Care**

Chairwoman Brownley, while VA has been rebalancing institutional and non-institutional care in recent years, a trend that is projected to continue in the future, we want to remind the Subcommittee that the need for traditional nursing home care is neither diminishing nor will it ever go away. The average daily census (ADC) for all VA-supported nursing home, both long stay and short stay, is about 40,000 total; this equivalent to about one-half of 1% of the approximately 9 million veterans aged 65 and older. The current ADC for veterans aged 85 or older receiving VA-supported nursing care is approximately 13,000, which is less than 1% of the estimated 1.5 million veterans aged 85 or older. We also note that State Veterans Homes provide care to two-thirds of those 13,000 veterans 85 or older. And as Vietnam War veterans continue aging, the number of veterans requiring long term care support is projected to continue rising in the years ahead. While NASVH fully supports expanding home and community based care, it should be in addition to, not as a subtraction from institutional care.

NASVH and our member State Veterans Homes will continue to seek new and innovative ways of delivering long term services to aging and ill veterans, including supporting veterans who want to age in place; however, it would be a grave mistake to neglect or reduce the existing SVH infrastructure. With our expertise and existing infrastructure, State Veterans Homes can serve as

hubs in communities across the country to offer aging veterans a full spectrum of long term support services, including home-based care. SVHs understand aging veterans needs and have expertise in connecting them with VA benefits and services, as well as helping them with their eligibility. Although SVHs skilled nursing and domiciliary care programs must continue to provide critical long term care for veterans who are not able to remain in their homes, there are also ways to expand home-based care services through SVHs.

### **Adult Day Health Care Program**

Currently, the primary home-based program offered by SVHs is Adult Day Health Care, which is a non-institutional alternative to a skilled nursing facility for aging veterans who have sufficient family support to remain in their own homes, but who need or will benefit from a day program that promotes wellness, health maintenance, and socialization. ADHC can help to maximize the participant's independence and enhance their quality of life, as well as provide much-needed respite for family caregivers.

Medical Supervision Model ADHC provides a higher level of care, including comprehensive medical, nursing and personal care services combined with social activities for physically or cognitively impaired adults. The Medical Supervision Model ADHC program is staffed by caring and compassionate teams of multi-disciplinary healthcare professionals who evaluate each participant and customize an individualized plan of care specific to their health and social needs. Medical Supervision Model ADHC programs can help veterans remain in their own homes for additional months or years, thereby improving their quality of life. It can also lower the cost and burden on VA by deferring or delaying their use of more expensive skilled nursing care and can help frail, elderly veterans avoid unnecessary emergency room admissions and hospitalizations. There are currently only three State Veterans Homes operating ADHC programs – New York, Minnesota and Hawaii – although a number of other states are working on plans that could lead to additional programs in the future.

To further encourage states to open ADHC programs, NASVH offers two recommendations. First, VA and Congress should allow the State Veterans Home Construction Grant program to support the construction, modification or expansion of SVH facilities to operate ADHC programs. Second, VA should authorize SVHs to establish satellite ADHC programs outside their facilities and campuses in more conveniently located areas where there are high concentrations of veterans who could use the services. Given the small size of these programs, the Construction Grant program could also fund grants for SVHs to reconfigure existing private medical or office space to meet the needs of ADHC programs.

### **Home-Based Care Opportunities for State Veterans Homes**

In addition to expanding ADHC programs, State Veteran Homes could operate other home-based programs, including ones similar to VA's Home Based Primary Care, Homemaker Home Health Aide Care, Respite Care, Palliative Care and Skilled Home Health Care. Given the flexibility and financial benefits to VA from partnering with State Veterans Homes, there are myriad possibilities for better addressing the changing demographics, needs and preferences of veterans today and in the future. During the pandemic, some SVHs found innovative ways to support

veterans in their homes, including providing meals, telehealth and home care visits. Furthermore, SVHs already offer a number of medical and therapeutic services that could be provided on an outpatient basis for veterans participating in home-based programs.

With our expertise on the needs of aging veterans, SVHs could develop an array of home-based services to fulfill the needs of a veteran that allows him or her to remain in their home. And when veterans are no longer able to remain at home, SVHs could ease their transitions to institutional skilled nursing care. Such an integrated non-institutional program could begin as a pilot program, with different states customizing it to meet local circumstances.

NASVH recommends that the Subcommittee consider establishing pilot programs to explore new arrangements for providing integrated non-institutional care programs through and in partnership with State Veterans Homes, offering a full spectrum of care from home care to skilled nursing care.

### **Strengthening VA-NASVH Partnership**

Finally, to fully maximize the effective use of State Veterans Homes' resources and capabilities. VA must truly commit itself to a full and meaningful partnership. Too often, State Veterans Homes are an afterthought in VA's planning and budgeting processes. For example, GAO reported last year that VA provided incomplete data projections for State Veterans Homes. The report noted that in looking at VA's future long term care utilization, "VA projection data... do not include projections for State Veterans Homes or State Adult Day Health Care programs..." because State Veterans Homes are not incorporated into VA's Enrollee Health Care Projection Model. By contrast, private sector community nursing homes were included in VA's projections.

Another example is the continuing lack of representation by State Veterans Homes on VA's Geriatrics and Gerontology Advisory Committee (GGAC), despite NAVSH having nominated three highly qualified State Home administrators in recent years. By contrast, GAO reported that the "... committee members included a member from a nursing home industry group..." even though the State Veterans Home program is larger and more cost effective. State Veterans Homes need a seat on the GGAC and should be regularly consulted, particularly when VA is engaged in long term care planning.

Chairwoman Brownley, State Veterans Homes can and must play a greater role in meeting aging veterans needs in partnership with VA and other federal agencies. NASVH looks forward to continuing to work with this Subcommittee and your colleagues in the House and Senate to ensure that aging and ill veterans have greater access to a full spectrum of long term care options, whether at home or in nursing homes.

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