

**STATEMENT OF
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BEFORE THE
HOUSE COMMITTEE ON VETERANS AFFAIRS
SUBCOMMITTEE ON HEALTH**

July 27, 2021

Good morning Chairwoman Brownley, Ranking Member Bergman and other distinguished Members of the Subcommittee. I appreciate the opportunity to discuss the multiple VHA programs available to Veterans who choose to age at home. I am accompanied today by Dr. Catherine Kelso, Deputy Executive Director of the Office of Geriatrics and Extended Care.

The elderly 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, with women providing most of the care. The aging of the Veteran population has been more rapid and represents a greater proportion of the VA patient population than observed in other health care systems. Some of VA's top efforts focus on helping Veterans as they age at home, and VA operates a spectrum of Home and Community-Based Services (HCBS). These programs provide care and support ranging from acute care to longitudinal primary care through Patient-Aligned Care Teams (PACT), Geriatric focused primary care, and comprehensive geriatric evaluations with case management services and palliative care.

Home and Community-Based Care

Ninety percent of Americans wish to age in place, in their homes or at a minimum, in the least restrictive setting possible, as long as it is safe to do so¹. 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 (CCN) contracts and Veterans Care Agreements (VCA). In fiscal year (FY) 2020, VA served approximately 509,500 unique Veterans and spent \$3.038 billion on home and community-based care. Additionally, Personal Care Service

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

(PCS) 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 social activities, peer support, companionship and recreation. The program is for Veterans who need skilled services, case management, and help with activities of daily living. Most Adult Day Health Care is purchased from community providers, but a few VA medical centers (VAMC) also provide this service within their facilities.
- **Home Based Primary Care (HBPC):** In this program, Primary Care is provided to Veterans in their homes. A VA physician leads the interdisciplinary health care team that provides the comprehensive longitudinal health care. This evidence-based program is for Veterans who have complex health care needs for whom routine clinic-based care is not effective.
- **Homemaker/Home Health Aide:** A trained person comes to a Veteran's home and helps the Veteran take care of him or herself and his or her daily activities. These aides are not nurses, but they are supervised by a registered nurse who will help assess the Veteran's daily living needs.
- **The Medical Foster Home (MFH):** Nursing home-level care is provided to Veterans in private homes of no more than three Veterans. 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 116 VA sites that offer MFH in 43 states and territories with annual expansion expected. 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. While VHA provides for home care and oversight of MFH, the Veteran is responsible for the monthly payment of room and board expenses.
- **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.
- **Respite Care:** This service pays for a person to come to a Veteran's home or for a Veteran to go to a program while their family caregiver takes a break. Thus, the family caregiver is allowed time without the worry of leaving the Veteran alone.
- **Skilled Home Health Care:** These are 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 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.

VA obligations for nursing home care in FY 2020 reached \$6.96 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 Veterans in this older age group with the highest levels of service-connected disabilities are projected to increase by over 535%. 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 be greater than \$15 billion each year within the next decade.

Evidence demonstrates that appropriate targeting and use of the programs and services available through VHA, 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, mainly because most Veterans prefer to receive care at home, and VA can improve quality at a lower cost by providing care in these settings. Ultimately, VA will focus on immediate actions to: (1) expand VA-provided and community purchased HCBS for aging in place in addition to expanding Veteran community partnerships; (2) innovate, pilot, resource and disseminate evidence-based best practices in geriatric care throughout the enterprise; (3) modernize VHA as the largest integrated health care system recognized as Age Friendly by the Institute for Healthcare Improvement; (4) expand access to geriatrics, palliative care, home care and long term care with use and expansion of telehealth services across all care settings and locations; (5) ensure access to modern facility-based long term care for those who require it; (6) train, recruit and retain a workforce of geriatric and palliative care staff across all disciplines; and (7) provide geriatric and palliative care training to primary care and specialty care providers of all disciplines.

Telehealth Innovation

The use of technology has transformed all aspects of our lives, including how health care is delivered, and offers yet another means of providing home-based care. VA leverages various types of technology to improve Veterans' health status without the need for in-person stays. In cases where a Veteran must be monitored over a period of time, VA employs technology designed to remotely monitor vital health metrics. This remote monitoring allows a Veteran's physician or nurse to monitor the Veteran's medical condition and alert the Veteran or caregiver should any action need to be taken. VA provides telehealth at more than 900 sites nationally and in more than 50 areas of specialty care.

Facility-Based Care

When options for living at home are exhausted, VA can meet the needs of Veterans in nursing home settings 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 (NHC) 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. VA strives to use NHC when a Veteran's health care needs cannot be safely met in the home. Mandatory eligibility 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 be provided care in a VA CLC or a private nursing home under contract with VA. Consideration is given for Veterans' preferences based upon clinical indication and/or family/Veteran choice, when possible. The majority of Veterans do not meet the mandatory nursing home eligibility, and they receive care on a resource available basis. If these Veterans are admitted to the CNH Program, placement at VA expense is limited up to six months in most cases. More Veterans who need nursing home care, but do not have mandatory eligibility, usually receive that care in VA CLCs rather than in private nursing homes at VA expense.

Veterans can also choose to receive NHC at a state-owned State Veterans Home (SVH). VA also maintains strong, working relationships with the states in the oversight and payment of Veterans' care through SVH. Through this partnership, 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 provides construction grant funding for construction and renovation of the state home, per diem payments for 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 158 SVHs across all 50 states and Puerto Rico.

Impact of Coronavirus Disease 2019 (COVID-19)

The COVID-19 pandemic identified the elevated risks to highly vulnerable nursing home residents globally. At the onset of the COVID-19 pandemic, VA immediately activated infection prevention and control safeguards geared to prevent entry of the virus into CLCs, identify cases promptly and minimize spread. VA implemented strong strategies to mitigate risk of transmission within CLCs. VA also supported 86 SVHs across 38 states through its activities designed to provide support in a national emergency and deployed 1,215 VA staff to assist with clinical care, testing, training and infection prevention.

Caregiver Support

The VA-provided support and services I have mentioned are delivered directly to the Veteran. While many of these services also support families and friends, or caregivers, who usually provide the direct services, it is also important to provide services and support directly to caregivers. We know that caregiving takes a toll on an

individual, impacting them both physically and emotionally. While the focus of this hearing is on Home and Community Based Services, it is important to note that VA provides support directly to caregivers across the continuum of care including training and education.

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. Chairwoman Brownley, this concludes my testimony. My colleagues and I are prepared to answer any questions.