The Task Force appointed by the legislature met five times to receive information and consider recommendations for improvements in services for veterans in need of long term care. The Task Force re-affirms existing state policy that applies to veterans as well: all efforts should be made to assist veterans to live in the setting they prefer, to assist them to live independently in their community whenever possible, and when they choose or require a residential setting such as a nursing home or residential care home, that they receive the highest quality care possible. Veterans should receive all the benefits to which they are entitled.

After deliberations, the Task Force makes the following recommendations.

I. Recommendations

A. Develop and disseminate easy to understand and useful information about veterans’ benefits for long term care services. This information should be developed by the Vermont Office on Veterans Affairs, and distributed through that office as well as all AHS services and programs for adults. A key element in this information campaign is to encourage all veterans to register early for their eligibility and benefits.

B. Conduct on-going training on veterans benefits through the AAA case managers’ training. In FY 2013, this training should be conducted at least four times in geographic corners of the state. Costs for this training should be covered by the Agency of Human Services. The training needs to include representatives of the Office of Veterans Affairs and the Veterans Administration. The training should be made available to all organizations involved with veterans and long term care.

C. Support the effort by the Vermont Veterans Home to determine the feasibility of establishing a Vermont Veterans Home North in conjunction with an existing nursing home.

D. Encourage more nursing homes to establish contracts with the Veterans Administration, sufficient to meet the needs and preferences of veterans in any given geographic area. The Department of Disabilities, Aging and Independent Living shall work with the Vermont Health Care Association to pursue this recommendation.

E. Area Agencies on Aging, and other Aging and Disability Resource Connection partners as appropriate, and the Veterans Administration will implement and disseminate information about their new joint venture, the Veterans Independence Program (Attachment A).

F. If funds permit, add two positions to the Vermont Office of Veterans Affairs, and locate those staff at Area Agencies on Aging to provide
more integrated outreach and reach more elders who could be eligible.

G. Continue to analyze and look for opportunities to make Veterans pharmacy benefits more flexible and responsive to Veterans' needs.

II. Study summary

The Veterans and Long Term Care Study Task Force met five times.

It became evident early on that the most significant issue was the lack of information about Veterans Benefits. This was true for veterans as well as service providers. Veterans' benefits and eligibility processes are very complex, and a certain amount of expertise is needed to fully and appropriately counsel persons on their benefits. The Task Force received a presentation by the Veterans Administration and saw a small laminated brochure about Veterans' benefits that could be adapted for Vermont and made widely available. This brochure would take some staff time to produce, but printing and distribution costs would be modest. The Office of Veterans Affairs should take the lead on this effort.

Discussion also occurred between the Veterans administration and the Vermont Health Care Association about issues identified by nursing homes. Most of the issues appeared to be due to lack of information, whether about eligibility, available services, or billing. Education of nursing homes by the Veterans Administration and closer coordination would resolve most of the issues.

Vermont Home Health Agencies had only a few minor issues again related to information and communication.

The Task Force also learned of the new program being developed through a partnership between the Veterans Administration and Vermont’s Area Agency on Aging. While starting as a pilot project, there does not appear to be a limit on the number of participants yet. The program would pay for additional benefits to assist Veterans who need long term care to remain in their homes. See program description attached to this report.

There was discussion about the feasibility of establishing an extension of the Vermont Veterans Home in the northern part of the state, presumably by leasing a portion of an existing nursing home. There is no question that there are veterans needing long term care who do not want to re-locate to Bennington but might move into a Veterans Home if it were located somewhere in the northern part of the state. There could be a modest savings to the State’s Medicaid program. The Vermont Veterans’ Home leadership is studying the feasibility and benefits of having such a facility,
but has not been able to finalize that study yet. The Task Force supported
the concept and continuation of the study with appropriate attention to the
impact on other nursing homes.

An issue was raised about medications for veterans covered by the VA.
However, in order to obtain this benefit, the veteran must utilize the VA
pharmacy system, which includes mail order for months’ supply. This
results in extra costs to the veteran who might otherwise be eligible for
Medicaid and might be able to obtain medications more cheaply in other
ways. This is also a challenge for nursing homes because the VA
medications do not come in unit doses. The Task Force was unable to
come up with any solutions to improve this existing federal benefit.
However, a suggestion was made that more work should be done by the
Department of Disabilities, Aging and Independent Living to investigate
any flexibility in the program, and investigate what changes in nursing
home medication administration might.

A lot of the task Force’s discussion focused on how to educate veterans
about their eligibility and benefits. A strong recommendation was to do
everything possible to have veterans apply for benefits as soon as
possible and not wait until a service is needed. Eligibility determination
can take some time, and sorting out level of disability is complex.
Recommendations included working more closely with the AAA’s,
developing a Vermont specific information brochure; educations case
managers, and if funds were available hire two additional outreach
workers. The Agency of Human Services can serve as an important
convener and organizer in this information dissemination process. While
the Veterans Administration and Office of Veterans Affairs will need to
take the lead in providing the content of this educational effort, DAIL can
organize trainings to get this information to a wide range of stakeholders,
including Area Agencies on Aging and Home Health Agency case
managers, long term care ombudsmen, nursing home and acute care
social workers and other interested stakeholders. Using the information
developed by the VA and OVA, DAIL can integrate information on
veterans’ long term care benefits into its ongoing training for case
managers. Through health care reform activities, other AHS departments
also may be able to support education and outreach to veterans about
their eligibility and benefits.

III. Participants in the Task Force

Patrick Flood, Deputy Secretary of AHS

_Clayton Clark_, Director, Vermont Office of Veterans Affairs

Jackie Majoros, State Long Term Care Ombudsman
Laura Pelosi, Director, Vermont Health Care Association

Peter Cobb, Vermont Association of Home Health Agencies

Merle Edwards-Orr, Department of Disabilities, Aging and Independent Living

Melissa Jackson, Administrator, Vermont Veterans Home

Sam Liss, Vermont State Independent Living Council

Mark Kaufman, Vermont Center for Independent Living

Dan Moriarty, Veterans Administration

Joyce Lemire, Council on Aging for Southeastern Vermont

Peter Coutu, Vermont Association of Adult Day
ATTACHMENT A

Veteran’s Independence Program (VIP) - A participant directed program

The program is designed to keep Veterans in their own homes, helping prevent or postpone any out of home placements. The program’s hallmark is that the Veteran is in control of the services that they use and need in order to remain at home.

The program is in partnership with the Vermont Area Agencies on Aging (AAA), whose Care Advisors (CA), will work with (not direct or manage) enrolled Veterans to assess what services are needed and wanted. The Veteran’s family or friends may also assist. Purchased services cannot replace or duplicate current VA service.

The Veteran’s self assessment and the Care Advisor’s formal needs assessment will place a Veteran in one of three service tiers. These tiers will determine monthly budget dollars. The overall monthly budget will range between $1570 - $3220 (top tier #3). No spend down, income restriction or age requirements.

Once a budget is determined, the Veteran will, with help as needed (CA, family, friends), create a service plan noting what services are wanted/needed, potential service providers, hourly rates and number of hours per week.

The Veteran, with family, friends or CA help, will hire service providers. ARIS Solutions, the fiscal management service for the program, will supply the Veteran with all necessary employer forms; handle all filing, including unemployment, worker’s comp, W-2 and W-4, etc; manage all billing, and complete background checks.

The White River Junction VA Medical Center is responsible for determining eligibility and the approval of service plans and budgets for the VIP Program.

In order to be eligible all Veterans must be enrolled in the White River Junction VA’s health care system, have a VA primary care team, meet general eligibility criteria for the home and community based services as determined by the VA and receive a referral from the VA to the AAA. The Veterans should be “in need of nursing home care” and be interested in consumer directed care. Veterans are determined “in need of nursing home care” when one or more of the following conditions is met:

1. Three or more activities of daily living (ADL) dependencies
2. Significant cognitive impairment
3. Receiving hospice services
4. Two ADL dependencies and two or more of the following:

A. Three or more instrumental activities of daily living (IADL) dependencies
B. Recently discharged from a nursing facility
C. 75 years old or greater
D. Three hospitalizations or 12 outpatient clinics or emergency evaluations
E. Clinically depressed
F. Lives alone

5. Does not meet any specific criteria but clinically determined by the local VAMC to need services

Bob Kline LICSW 802-295-9363 x 6195 will be the liaison for the program. Please call with any questions.