Understanding the Veterans Home and Community Based Services

Agency on Aging & Independent Living - Webinar
May 18th, 2016
Objectives

Gain understanding of the following:

• The Department of Veterans Affairs (VA)
• The impact of chronic disease in an aging population
• VA Primary Care and the Patient Aligned Care Team (PACT)
• Veterans Access to Information: My HealtheVet
• Home & Community Based Services
• How the VA is expanding community relations and partnerships with Choice Program
• How Veterans Can Enroll in the VA
“Honor America’s Veterans by providing exceptional health care that improves their health and well-being”
About the Department of Veterans Affairs (VA)

- Federal government’s second largest department after the Department of Defense (DoD)
- Three components:
  - Veterans Health Administration (VHA)
  - Veterans Benefits Administration (VBA)
  - National Cemetery Administration (NCA)

Robert A. McDonald
Secretary of VA
What is the VHA?

• VHA is a healthcare program funded by Congress
• America’s largest integrated health care system with over 1,700 sites of care, serving 8.76 million Veterans each year
VHA - The Nation’s Largest Integrated Health Care System

- 150 Hospitals
- 819 Community-Based Outpatient Clinics (CBOCs)
- 300 Readjustment Counseling Centers (Vet Centers)
- 104 Domiciliary Residential Rehabilitation Treatment Programs
- 135 Community Living Centers

As of 02/19/2015
More reasons to be proud to be part of the Department of Veterans Affairs (VA)

• VA is the largest provider of health-care training in the US
  – >7,200 individual affiliation agreements at more than 1,800 educational institutions.
  – Clinical training was provided to more than 120,000 interns, residents, fellows, & students in more than 40 professions (FY14)
  – VA health-profession educational programs have a major impact on the health-care workforce in VA and deliver a significant percentage of care to Veterans.
  – Over the last 5 years:
    • VA has expanded the mental health pipeline through targeted increases in training positions and approval of additional sites for mental health training,
    • expanded the VA Nursing Academy,
    • developed new residency programs in nursing and other associated health disciplines, and
    • assumed a national leadership role in inter-professional education and collaborative practice.
And more reasons to be proud to be part of the Department of Veterans Affairs (VA)

- **VA Research and Development Innovations, Discoveries & Recognition:**
  - Pioneered and developed modern computerized EMR
  - Developed the implantable cardiac pacemaker
  - Conducted the first successful liver transplants
  - First long term successful kidney transplant at the Denver VAMC
  - Created the nicotine patch
  - Crafted artificial limbs that move naturally when stimulated by electrical brain impulses
  - Demonstrated that patients with total paralysis could control robotic arms using only their thoughts - a revolutionary system ("Braingate")
  - Identified genetic risk factors for schizophrenia, Alzheimer's, Werner's syndrome
  - Applied bar-code software for administering medications to patients; the initiative of a VA nurse
And more reasons to be proud to be part of the Department of Veterans Affairs (VA)

– Proved that one aspirin a day reduced by half the rate of death and nonfatal heart attacks in patients with unstable angina
– Discovered that deep brain stimulation may hold significant benefits for those with Parkinson's disease
– Researchers found that an implantable insulin pump better controls blood sugar and weight for type 2 diabetes
– Developed an artificial lung prototype that mimics the structure of a natural lung and is described as a "significant step toward creating the first truly portable and implantable artificial lung systems"
– Received three Nobel Prizes; seven prestigious Lasker Awards, presented for making major contributions to medical science or public service on behalf of medicine; and two of the eight 2014 Samuel J. Heyman Service to America medals

http://www.research.va.gov/about/history.cfm
Criteria to be Considered a Veteran

Most patients are considered to be a Veteran and eligible for care if:

• S/he have served on active status with the Army, Navy, Air Force, Marines, or Coast Guard. (Also includes the uniformed services: U.S. Public Health Service and National Oceanic and Atmospheric Administration Commissioned Officer Corps)

• If s/he joined the service after 1980, a 24 month service requirement will need to be met.

• National Guard or Reservists have to be called to active duty service and completed the full requirement of their time on active status.

About VHA Primary Care

- Patient centered care model is known as a Patient Aligned Care Team (PACT)
- Enrolled Veterans assigned to a Primary Care Team
- The Primary Care Team is the Veteran’s gateway to care and services at the VHA.
Case Finding

Care Coordination & Care/Case Management Model

High Risk, High Cost and/or Chronic Disease Patient Identified Through Case Finding e.g., DSS Reports, CAN Report, VISTA Fileman, VSSC and ARC Web Site Reports

Patient Presents

High Risk, High Cost and/or Chronic Disease Patient Identified Through Case Finding e.g., DSS Reports, CAN Report, VISTA Fileman, VSSC and ARC Web Site Reports

Resource Assessment

Problem, Outcome and/or Goal Identification

Planning and Implementation

Care Coordination/Care Management/Disease Management Interventions
Various Services and Options Reviewed
Patient Receives Short or Long Term Care/Case Management Care Coordination Services

Monitoring & Evaluation

Re-Assessment

Program /Population Outcome Evaluation

High Risk, High Cost and/or Chronic Disease Patient Identified Through Case Finding e.g., DSS Reports, CAN Report, VISTA Fileman, VSSC and ARC Web Site Reports

Patient Presents for CM Services

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Patient Presents for CM Services
Co-Managed Care

- Veterans enrolled in VHA care can use community healthcare services while maintaining their access to VHA benefits.
- 50-70% of all enrolled Veterans are managed in partnerships with the private sector.
- Veterans often seek out the most financially advantageous route of care:
  - Service-related conditions can often be treated at VA for free without copay.
  - Veterans often bring non-VHA prescriptions to VHA providers in an attempt to receive the medication for free or at a reduced cost.
Two types of medical conditions:

- If a healthcare problem was caused by the Veteran’s military service, the VHA calls it *service connected*. The Veteran receives free healthcare for that condition.

- For *non-service connected* conditions, the Veteran may be charged a co-pay for healthcare visits, prescriptions, equipment or hospitalizations.
Contacting the VA for Records

• Non-Urgent
  – Veteran can submit a Release of Information (ROI) request to the VA to send information directly to the community provider
  – Request that the Veteran provide the information directly

• Urgent
  – Call the local VA and request to speak to ROI Office
  – Evenings, nights, weekends, holidays: on off hours request to speak with ER or Triage Medical Administration Staff.

• MyHealtheVet option – From the Veteran
  – Veteran prints information, secure messages the VHA provider to call the community provider, or can grant access to their electronic Care Communication Document (CCD) in MyHealtheVet
  – Encourage Veterans to use MyHealtheVet: http://www.myhealthevet.va.gov/

Web page for patients: http://www.connecticut.va.gov/patients/roi.asp
My HealtheVet...

View...Share...Learn...24/7!

Giving Veterans greater control over how they manage their personal health

My HealtheVet

My HealtheVet, VA’s Personal Health Record, helps Veteran patients actively participate in their health and well-being.

With an upgraded Premium My HealtheVet account*, Veterans can:

- Securely access personal health records online, 24/7;
- Track blood sugar levels, vital signs and view VA lab results;
- Print, save and share personal health information with VA Blue Button;
- View upcoming VA appointments and fill VA prescription(s); and much more.

Secure Messaging

Secure Messaging strengthens the partnership between Veterans and their Patient Aligned Care Team (PACT).

Veterans with an upgraded Premium My HealtheVet account* can opt in to Secure Messaging and communicate with their PACT between appointments. Secure Messaging allows VA health care teams to answer questions, make changes to medication(s) and discuss treatment options in real-time.**

My HealtheVet and Secure Messaging mean fewer phone calls and in-person appointments and shorter pharmacy lines – saving Veterans and VA health care teams time and resources.

*Veterans can upgrade to a Premium My HealtheVet account through a one-time Authentication, in-person or online. To learn more about upgrading an account, visit My HealtheVet and select Authentication.

**The Secure Messaging feature is for non-critical, non-urgent communications and messages will likely be answered within three business days. Secure Messaging is not for emergencies. Veterans should always dial 911 for emergency situations or concerns.

For more information, contact a local My HealtheVet Coordinator.
Revised 10/2012
Why Home & Community Based Care?

- Maintain patient in home
- Improve quality of life
- Promote timely access to care
- Empower patients through education and disease management
- Identify exacerbations earlier & provide timely intervention
- Potential to Reduce overall healthcare costs
  - Travel
  - Unscheduled/ER visits
  - Avoid/decrease unnecessary hospitalizations
Home & Community Based Care Programs

- Home-based Primary Care
- Purchased Skilled Home Health Care
- Homemaker/Home Health Aide
- Adult Day Health Care
- Geriatric Evaluation
- Respite
- Hospice and Palliative Care
ELIGIBILITY CRITERIA FOR HOME AND COMMUNITY-BASED CARE PROGRAMS (H&CBC)

- There is eligibility criteria for the Department of Veterans Affairs’ (VA) Home and Community-Based Care (H&CBC) Programs and for Geriatric Evaluation.
- All H&CBC services are ordered by a physician, following an interdisciplinary team assessment. Program admission is based on individual patient care needs.
- Program admission criteria are designed to ensure that services are targeted appropriately.
Home-based Primary Care (HBPC)

a. Patient is enrolled for VHA care and meets all of the following:
   (1) The patient has a complex disease process that necessitates care by an interdisciplinary team.
   (2) Routine clinic-based care is arduous or not effective due to physical, functional or psychological impairments.
   (3) The patient and/or caregiver accept HBPC as the primary care provider.
   (4) The patient’s care needs can be met by HBPC program.
   (5) The patient lives within HBPC’s service area. Boundaries are designated by each health care facility.
   (6) The patient has an identified caregiver, if the need for one is determined by the HBPC team.
   (7) The patient’s home is the most appropriate venue for care as determined by the HBPC team.
   (8) The patient’s home environment is safe for the well being of the patient, caregiver and the HBPC team member.
Purchased Skilled Home Health Care

Purchased Skilled Home Health Care.

• Enrolled Veterans must meet both clinical and homebound conditions, listed as follows:
  a. Be medically determined to require at least one of the following:
     (1) Intermittent, short term or long term skilled nursing assessment, teaching, treatment services or monitoring.
     (2) Intermittent, short-term, or transitional rehabilitative therapies: Physical therapy, Speech and/or language pathology services, Occupational therapy.
     (3) Intermittent, short term or transitional Social Work services.
  
b. Is homebound. A Veteran is considered homebound when any of the following conditions are met:
     (1) Veteran requires the assistance of another individual in order to leave the home.
     (2) It is medically contraindicated for the veteran to leave home.
     (3) Leaving home requires a considerable and taxing effort.
     (4) Veteran leaves home only for short and infrequent periods.
     (5) Veteran leaves home only for medical care (including adult day health care) or religious services.
Homemaker and Home Health Aide Services (H/HHA)

Enrolled veterans are eligible for H/HHA if they are determined, through interdisciplinary assessments, to have one or more of the following conditions:

1. Three or more Activities of Daily Living (ADL) dependencies or
2. Significant cognitive impairment or
3. Require H/HHA services as adjunct care to community hospice services, or
4. Two ADL dependencies and two or more of the following conditions:
   a. Dependency in three or more Instrumental ADL (IADL).
   b. Recent discharge from a nursing home, or upcoming nursing home discharge plan contingent on receipt of home and community-based care services.
   c. Seventy-five years old, or older.
   d. High use of medical services defined as three or more hospitalizations in the past year and/or utilization of outpatient and/or emergency evaluation units twelve or more times in the past year.
   e. Clinical depression.
   f. Living alone in the community.
Adult Day Health Care (ADHC)

- Enrolled Veterans are eligible for ADHC if they are determined, through interdisciplinary assessments, to have one or more of the following conditions:
  a. Three or more ADL dependencies or
  b. Significant cognitive impairment or
  c. Two ADL dependencies and two or more of the following conditions:
     1. Dependency in three or more IADLs.
     2. Recent discharge from a nursing home, or upcoming nursing home discharge plan contingent on receipt of home and community-based care services.
     3. Seventy-five years old, or older.
     4. High use of medical services defined as three or more hospitalizations in the past year and/or utilization of outpatient clinics and/or emergency evaluation units twelve or more times in the past year.
     5. Clinical depression.
     6. Living alone in the community.
Respite Care

For admission to respite care, the following criteria must be met:

a. The Veteran has a diagnosed chronic disabling illness or condition.

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

c. 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.

d. The Veteran must meet clinical criteria, as well as eligibility criteria, for nursing home and long-term care. Clinical criteria include dependence in three or more ADL or significant cognitive impairment, and two or more of the following conditions:

   (a) Dependence in three or more Instrumental ADL.

   (b) Recent discharge from a nursing home.

   (c) Seventy-five years old, or older.

   (d) Identification as a high utilizer of medical services (defined as having three or more hospitalizations in the past year, or utilizing outpatient clinics and/or emergency evaluations twelve or more times within the preceding 12 months).

   (e) Being clinically depressed.
Hospice and Palliative Care

Hospice and Palliative Care

a. Veterans meeting these criteria are eligible for hospice and palliative care services:

(1) They are enrolled in VHA care.

(2) They have an advanced disease that is life-limiting and are refractory to disease-modifying treatment.

(3) Their primary goal of treatment is comfort rather than cure.

b. Hospice and palliative care services are to be appropriately provided in all settings, and include bereavement support to the veteran’s family.
**VETERANS CHOICE PROGRAM: WHO IS ELIGIBLE?**

Eligibility requirements as of December 1, 2015

**Unique Travel**
- The Veteran has to travel by air, boat, or ferry to the nearest VA medical facility.
- No full-service VA facility
  - The Veteran lives in a state or territory without a full-service VA medical facility and lives more than 20 miles from such a facility. This applies to Veterans who live in Alaska, Hawaii, New Hampshire, Guam, America Samoa, Commonwealth of the Northern Mariana Islands, or the U.S. Virgin Islands.  
  - (Note that the Veteran is not eligible under this criterion if he/she lives in New Hampshire and within 20 miles of the White River Junction VAMC.)
- Unusual or Excessive Burden
  - The Veteran faces an unusual or excessive burden in traveling to a VA medical facility based on geographic challenges, environmental factors, a medical condition, the nature or frequency of the care needed, and whether an attendant is needed.
- Wait-Time (30 Days)
  - The Veteran is informed by his/her local VA medical facility that they are not able to schedule an appointment for care either:
    - Within 30 days of the date the Veteran’s physician determines the Veteran needs to be seen, or
    - Within 30 days of the date the Veteran wishes to be seen
- Distance
  - The closest VA medical facility where the Veteran can see a full-time primary care physician is more than 40 miles driving distance from his/her home.

Most Veterans must call 866-606-8198 to verify eligibility and set up an appointment. Veterans who qualify under the wait-time requirement will be contacted by VA partners directly to set up an appointment. Visit www.va.gov/opa/choiceact for more information or to chat live with a VA representative.
Choice Act allows Veterans to be seen by community providers for non-emergency and pre-authorized services under certain conditions:

- Veterans residing over a 40 mile driving distance from a VHA provider (20 miles in NH)
- If significant geographical terrain interferes with driving (mountain range, body of water, or requires use of a Ferry)
- If the Veteran is unable to be seen within 30 days of desired appointment date for a scheduled appointment or where services are not available to begin with.
- If the service is not available within VHA

To receive Choice referrals the Non-VHA organization will need to become a Choice recognized service provider.

Health Net is the contractors that handle the Choice Act for VACT. This is a contracted service and is not a branch of the VA.
Veteran’s Choice Program

• Medical Care
  – Pre-authorization is required for care
  – If additional services needed, provider may submit request to Health Net
  – Emergency care is not covered under Veterans Choice, but there are other mechanisms for VA to pay for non-VA emergency care

• Payment
  – Community providers are paid by Health Net
  – Health Net or Tricare is paid by the VA
  – Cost Sharing: If an eligible Veteran has another health-care plan, VA will be secondarily responsible for costs associated with non-service connected care.
Medical Services Not Available through Choice

- The Choice Program contracts with Health Net to include all inpatient and outpatient medical services that are normally provided in the Veterans Medical Benefits Package except for the following:
  - Nursing home care
  - Hospice
  - Long Term Acute Hospitals (LTAC)
  - Homemaker and home health aide services- Provider Agreements
  - Chronic dialysis treatments
  - Dental care
  - Pediatric services
  - Durable Medical Equipment (DME), including eyeglasses
  - Non-urgent/non-emergent medications
  - Compensation and Pension (C&P) examinations
• VCP Provider Agreements are one tool VA was authorized to use as part of the Veterans Access, Choice and Accountability Act of 2014 (VACAA), so all rules and regulations governing VCP are also applicable to the VCP Provider Agreements.

• VA will use VCP Provider Agreements to partner directly with local community care providers in two circumstances:
  1. To deliver specific services when the VCP contractors are unable to schedule an appointment within the contract requirements or
  2. To deliver specific services that are not offered by the VCP contractors.

• VA and Congress continue to work together to consolidate and improve the way VA delivers community care. During this time of transition, VCP Provider Agreements help bridge the gap to meet the health care needs of our Veterans.
Choice Program Call Center: 1-866-606-8198

Health Net Customer Service Number: 800-979-9620
Summary

- Veterans experiencing adverse credit reporting or debt collection that is a result of inappropriately billed claims or delayed payments for authorized health care received by community care medical providers can call the VA's Community Care Contact Center at 1-877-881-7618 for assistance.

- The Center will work to resolve instances of improper Veteran billing, assist community care medical providers with delayed payments, and work with the medical providers to expunge adverse credit reports that are a result of delayed payments.
Applying for VA Healthcare

Apply online for VA health care, by completing *A Form 10-10EZ, Application for Health Benefits*

https://www.1010ez.med.va.gov/

The application must be signed and dated.

Veterans will need a copy of their DD214 (or other acceptable Discharge Document forms used as proof of service), these can be requested at: http://www.archives.gov/veterans/military-service-records/

To learn more about the DD214 including acceptable forms prior to 1950: http://dd214.us/

Other acceptable forms: WD AGO 53, WD AGO 55, WD AGO 53-55, NAVPERS 553, NAVMC 78PD, and the NAVCG 553
Veterans Can Also Apply by Phone, Mail or In Person

OTHER WAYS TO APPLY OR UPDATE YOUR INFORMATION...

• **By Phone** You can apply for enrollment of your benefits or update your information by phone by calling **1-877-222-VETS (8387)**, Monday through Friday, between the hours of 8:00 AM and 8:00 PM (Eastern Time). A VA representative will have your completed form sent to you for verification and signature.

• **By Mail** Print the [10-10EZ form](#) or [10-10EZR form](#) or call to have the form mailed to you. Complete and sign the application, then mail it to:
  
  Health Eligibility Center
  2957 Clairmont Road, Suite 200
  Atlanta, GA 30329-1647

• **In Person** Visit a [VA Medical Center or clinic](#) nearest you to apply for enrollment or if you are already enrolled, to update your information in person.
Thank You