

Overview of VA and Long-Term Care – Questions and Answers

During the Feb. 8 webinar, we didn't have time to cover all questions during the Q&A period. Our presenters, Joe Davis and Dr. Amy Light from the Portland VA Health Care System, graciously provided the answers below to address the remaining questions.

If you haven't already seen the webinar, [find the recording from Feb. 8](#) on the LTSS webinar archive at CMS.gov.

Eligibility for VA Benefits

Answers from Joe Davis, Enrollment Supervisor, Portland VA

- **Can Veterans get their health reassessed after they have left the service to claim health benefits?**

That is essentially what the disability claims process is. A Veteran submits a claim through a VSO or directly to the VBA asserting that a given condition is related to their service. The VHA completes an evaluation and VBA analyzes the evaluation against the Veteran's service record. Finally, they make a decision as to whether or not that condition is a) related to the Veteran's service and b) how severe the condition is and whether it is severe enough to warrant compensation.

- **How long does it normally take for a client to be eligible after submitting their application?**

The Enrollment Specialist should do a pre-determination by assessing all the information provided by the Veteran. They should be able to determine within a few minutes if the Veteran is eligible or not. If the Veteran is applying by mail or other means, they should get a letter within a week letting them know what their status is.

- **If someone was only in reserve service, are they not eligible for any VA services?**

That depends... If the Veteran was 100% reserve and *NEVER* served time on active duty except for initial entry training... *AND* if that service was after 1980, then no, they are not eligible for VA healthcare. *HOWEVER*, they may be eligible for other services. It is best to check with VBA directly to see if the Veteran is eligible for other benefits.

On the other hand, if the reserve Veteran was activated on Title 10 order signed by the President of the United States... *AND* if the Veteran completed the entire tour for which they were activated, *THEN* they are entitled to VA healthcare services, assuming they meet all the other criteria for being a qualified Veteran (honorable discharge, income below the threshold, or a service-connected disability).

- **Are ADL deficits (a person's inability or difficulty in performing "activities of daily living") different then a Veteran's priority group?**

Yes. ADLs are a clinical measure of a person's ability to perform ordinary daily personal activities such as preparing meals, tying your shoes, getting dressed, bathing yourself, etc.

Priority Groups (PG) are related to a person's level of enrollment. Essentially, the priority groups are:

- PG-1:** Veterans that are 50% service-connected disabled or higher
- PG-2:** Veterans that 30-40% service-connected
- PG-3:** Veterans that are 10-20% service-connected
Veterans who have been awarded a Purple Heart or Medal of Honor
Veterans who have a "Line of Duty" Discharge
- PG-4:** Veterans that are catastrophically disabled but not due to service
Veterans who are "housebound"
- PG-5:** Veterans that are considered low income
Veterans receiving a VA pension
Veterans eligible for Medicaid
- PG-6:** Veterans that have been exposed to environmental factors such as:
Agent Orange or SW Asia burn pits
Project 112/SHAD
0% service-connected for radiation exposure
- PG-7:** Veterans who are nonservice-connected (NSC) and whose income is above the national means test (MT) threshold but below the geographical means test (GMT) threshold and who agree to pay copayments
- PG-8a:** Non-compensable 0% service-connected but have been continuously enrolled on or before 1/16/03
- PG-8b:** Non-compensable 0% service-connected, continuously enrolled on or before 6/15/2009, income above MT/GMT by 10% or less
- PG-8c:** Nonservice-connected, enrolled continuously since 1/16/2003 or before
- PG-8d:** Nonservice-connected, enrolled continuously on or after 6/15/2009 AND income exceeds MT or GMT threshold by 10% or less
- PG-8e:** Non-compensable 0% service-connected, enrolled after 1/16/03, income above the GMT*
- PG-8g:** NSC AND income greater than 10% above *BOTH* MT and GMT, enrolled after 1/16/03**

*These Veteran as only eligible to be provided care related to the specific service-connected condition(s)

**These Veterans are not eligible for VA healthcare

- **Where can I find more information about catastrophic diagnoses, VA eligibility, and what kind of assistance a Veteran can get for catastrophic illnesses?**

Catastrophically Disabled Veterans – Fact Sheet

https://www.va.gov/healthbenefits/assets/documents/publications/IB-10-435_Catastrophically_Disabled_Veterans.pdf

- **Can you give a short overview on rules for homeless Veterans and benefits eligibility?**

Being homeless is not a factor in determining eligibility for healthcare. However, there are a number of programs available for homeless Veterans. Veterans should contact their primary care social worker for information on these programs and assistance in obtaining services.

- **Was the example of the Korean-era Veteran (mentioned by Dr. Light) just one example of never being enrolled, or is that standard practice historically because of the argument that it was "not a war"?**

Any reference to a Korean War Veteran was specific to that particular situation. Veterans are enrolled every day who participated in the Korean War. The VA recognizes that war exactly the same as any other war. Veterans are enrolled or denied entirely on the basis of the specific criteria presented: completion of the applicable amount of active duty, honorable discharge, service-connected disability, or income below the applicable thresholds.

It should be noted that generational differences influence Veterans and how/when they are more inclined to enroll:

- Veterans of the **Korean War generation** and before tend to be very self-reliant and therefore put off enrolling for a very long time.
- Veterans of the **Vietnam generation** have an overall distrust of the VA and the Federal government as a whole. They, too, often put off enrolling as long as possible.
- Veterans from the **post-Vietnam era and since** are more inclined to enroll if they see a reason. The issue is most of them are younger and the majority of them are males. That demographic tends to avoid medical care altogether.

Those assisting Veterans need to keep these generational differences in mind when they talk to Veterans, and they need to be able to communicate the logic and reality behind enrolling, even if only as a backup plan. Veterans by and large understand contingency planning and can be influenced in that manner.

Eligibility Staffing

- **I work for an Indian hospital that is not operated by Indian Health Service. I have Patient Benefit Coordinators that would like to assist with VA eligibility. Where do we begin?**

<https://www.va.gov/healthbenefits/apply/veterans.asp>. This website has a tremendous amount of information. By taking some time to become familiar with the rules of enrollment and fostering a relationship with an Enrollment member at your nearest VA facility, you can easily assist Veterans in completing the application process.

- **How do you become an eligibility specialist and a VSO?**

VSO: To become a VSO, start by contacting any one of the major Veteran Service Organizations such as Veterans of Foreign Wars (VFW), American Legion, or Disabled American Veterans (DAV). There are others, but these are the biggest ones. Discuss with them their specific process. Usually it involves many hours of volunteering until you are experienced enough to apply for an opening when they have one.

Eligibility Specialist: I assume this means within the VA. All Federal jobs are listed at USAJOBS.gov. Currently Enrollment is considered a Medical Support Assistant. Therefore, there is an expectation of minimal clinical experience, some physiology/anatomy education. Also, a large degree of clerical skill...typing/data entry, telephone, customer service skills, etc. I prefer to see Veterans working in this role, as they already have a large degree of understanding of the discharge/DD-214/active duty terminology.

VA Long-Term Care

Answers from Dr. Amy Light, Clinical Director for Long-Term Care, Portland VA

- **If a Veteran receives primary care from VA, would they have to give up their regular primary care provider at the community clinic (through IHS/tribal health facilities)?**

Generally, not. The Veteran would need to see their VA primary care provider every 1–2 years as determined by the specific VA, but would continue to receive their main primary care through the IHS/tribal facility.

- **Is a Veteran assigned a social worker when they are assigned a primary care physician?**

There is generally primary care social worker staff assigned to the CBOC (Clinic Based Outpatient Clinic).

- **Eligibility for the home health and long-term care services assumes that the person is *already* deemed eligible for VHA services, right?**

Correct; each Veteran must be eligible for VHA services to be eligible for VA long-term care services.

- **How does a Veteran get in to the Homemaker/Home Health Aide programs?**

Each VA has different requirements based on their particular funding streams and prioritization of programs. I would start with the Chief of Social Work or Program Director for Home and Community Based Services to find out where this (or any) particular program or service resides.

- **How are Veterans in rural areas (no access to VA facilities or VA primary care providers) determined eligible to receive H/HHA services? Would it be similar to Medicaid waiver interviews that take place over the telephone?**

You might first want to locate the nearest VA medical center (use the internet) and contact the H/HHA program. If this particular VA has the program and the rural area can receive this service, then the Veteran would need to go through eligibility and enroll in the VA with their nearest VA facility. I'd probably ask first, but Joe Davis [VA Enrollment Supervisor, co-presenter for this webinar] would say always enroll and then ask questions later. There may be more services the Veteran might benefit from anyway, so best to enroll.

- **How is care coordinated between IHS and VA for our Native Veterans?**

Depends on the location. Terry Bentley with the VA Office of Tribal Government Relations would likely be the best resource to answer this question.

- **It appears that only Veterans who are over 70% Service Connected can qualify for hospice. Can someone who has less than 70% service connection qualify? How?**

All Veterans who have a primary care doctor at the VA would be eligible to receive home hospice. Veterans who are 70% Service Connected or above would be eligible to receive end-of-life care in a contracted nursing home. Each VA is mandated to provide end-of-life care to Veterans. Each VA site handles this differently and with varying criteria.

- **What are the nuances to be aware of when a veteran is Medicaid LTSS-eligible and also using VA LTSS benefits?**

It depends on the situation. For example, if someone is getting in-home services through Medicaid and started receiving similar services provided by VA, the Medicaid services would usually be reduced. For long-term care in a nursing home, the payer source would be either Medicaid or VA, not both.

VA Long-Term Care Facilities

- **Does VA long-term care include assisted living homes?**

VA does not pay for care in assisted living homes. VA can provide services in assisted living, such as H/HHA or HBPC.

- **Are VA Community Living Centers (CLCs) also Medicare/Medicaid certified?**

The CLC were previously Joint Commission certified but just this year a national decision was made to stop TJC certification and accept certification from the Long Term Care Institute.

- **How do we locate CLCs?**

I would start by searching the internet to see what facilities are available in your area.

- **Is there a list of contact information for all VA nursing facilities in each state?**

The website for Geriatrics and Extended Care (<https://www.va.gov/geriatrics/>) has a wealth of CLC information, even with hospital locators by ZIP code (https://www.va.gov/GERIATRICS/Guide/LongTermCare/Locate_Services.asp). If the question is related to contracted nursing homes, each VA site has a Contract Nursing Home Program with a Coordinator who could provide those lists.

VA Home and Community-Based Care

- **Can you explain more about how VD-HCBS (Veteran Directed Care – Home and Community-Based Services) works?**

Veteran Directed Home & Community Based Services program gives Veterans who would otherwise need nursing home level of care the opportunity to self-direct the care needed in order to remain safely at home. Veterans in this program are given a flexible budget for supportive skilled and non-skilled services that can be managed by the Veteran or caregiver. They are assisted through the process by a case manager from the local county Area Agency on Aging who has a long history of consumer-directed programs.

Caregiver Support

- **What are the services offered through the VA Caregiver Support Program?**

The Caregiver Support Program offers a number of services specifically designed to help Veterans' loved ones in their role as family caregivers. The mission is to promote the health and well-being of family Caregivers who care for our nation's Veterans, through education, resources, support, and services. The program features a Caregiver Support Line 1-855-260-3274, online support through a program called Building Better Caregivers, a Peer Mentoring Program, self-care courses, DVDs on TBI, PTSD and Pain Management, and other supports. A Caregiver Support Coordinator is assigned to each VA and serves as a resource for support, education, and referrals to family caregivers. For more information, please visit: www.caregiver.va.gov

- **Can you tell us about creating "collaborative care teams" and how you work with family caregivers?**

While this is not a term with which we are familiar, the VA is making a strong effort to include family caregivers as members of the care team by supporting and providing education as well as inviting family input into the ongoing care of the Veteran.

- **Can VA pay a family member or spouse to be a caregiver?**

For the Program of Comprehensive Assistance for Family Caregivers (for Veterans who discharged after 9-11-01 and who have a serious injury for which they require personal care services to live safely in a non-institutional home setting), a family member or spouse can receive comprehensive assistance for the care that they provide. This is based on P.L. 111-163 and is administered as a clinical program through the Veteran Health Administration. Veterans can apply for the Aid & Attendance benefit through the Veterans Benefits Administration, which can offer financial compensation to the Veteran to pay for care of their choosing.

For More Information

Eligibility

A Veteran can apply online at [va.gov/healthbenefits](https://www.va.gov/healthbenefits)

For VA eligibility help over the phone, call 877-222-VETS (8387).

You can learn more on VA's page [Easy Ways to Apply for Enrollment](https://www.va.gov/healthbenefits/apply/) (at <https://www.va.gov/healthbenefits/apply/>).

Crisis Help

Health care workers can contact the Veterans Crisis Line if a Veteran is in crisis.

- Call 1-800-273-8255 and Press 1.
- Online chat and text at <https://www.veteranscrisisline.net/>

VA Long-Term Care Information

VA Geriatric Research Education and Clinical Centers: <https://www.va.gov/grecc/>

VA Geriatrics and Extended Care: <https://www.va.gov/geriatrics/guide/longtermcare/>

VA Office of Tribal Government Relations

Phone: 202-461-7400

Email: tribalgovernmentconsultation@va.gov

Find your regional tribal relations specialist:
<https://www.va.gov/TRIBALGOVERNMENT/contact.asp>