



VA'S LONG-TERM SERVICES AND SUPPORTS

The Issue

Long-Term Services and Supports (LTSS) provided through the Department of Veterans Affairs (VA) make up a broad range of assistance to veterans who need help with activities of daily living, as well as instrumental activities of daily living, in a variety of settings, including in the home, assisted living and supportive housing, and nursing homes. As the largest cohort of veterans (Vietnam era) ages, the demand for these services is growing. According to the Veterans Health Administration (VHA), in 2030, the number of veterans with severe disabilities and the number of veterans age 85+ will be more than one million. Women veterans age 65 and older will increase by 73 percent within the decade. Increased VHA enrollment of women veterans, coupled with longer life expectancy for women, indicates a coming rise in demand for VA geriatric settings for older women that are not currently available. The current LTSS model is limited in its ability to meet the coming needs, both in availability of services and geographic presence.

The majority of LTSS are part of VA's health benefits package and available to all enrolled veterans. In 2006, in an effort to keep veterans supported in their homes, VA began moving away from nursing home care to more cost-effective and preferred Home and Community-Based Services (HCBS). In 2008, VA introduced Medical Foster Homes and Veteran-Directed HCBS, in partnership with the Department of Health and Human Services. From Fiscal Years 2008 to 2017, the proportion of VA's LTSS budget spent on HCBS has risen from 15 to 36 percent.

Despite these efforts, more must be done. PVA is particularly concerned about the availability of VA LTSS for the growing population of veterans aging with spinal cord injuries and disorders (SCI/D). We are concerned that VA is not devoting sufficient resources to meet the demands associated with onset of secondary illnesses and complications associated with aging. VA leadership must commit to balancing the LTSS system, guiding the effort with the VISNs, and providing an evidence-based assessment to be utilized at the facility level that can properly determine the true need of a veteran and caregiver for HCBS. While HCBS is vital and must be more widely available, these services are not a substitution for the need for increased capacity in VA extended care facilities. For example, VA operates only six designated extended care facilities for veterans with SCI/D. Given the size of the aging veteran population and the range of needs, VA must both increase HCBS and increase its bed capacity in institutional settings for these veterans.



PVA's Position

- VA must commit to balancing its LTSS system, while maintaining a safe margin of extended care facility capacity.
- Congress must conduct proper oversight and ensure sufficient funding for VA to appropriately meet all LTSS needs, including for SCI/D veterans living in their homes and those who need SCI/D extended care centers.