

Expanding LTC Services to Pa Veterans

Report from DMVA

Project Approach

- Goal was to explore options for LTC for Pa. Veterans
- Committee members include SME from various Commonwealth agencies and private organizations
- Had series of full group meetings
- Break out into smaller focused workgroups

Six Workgroup Topics

- Home and Community-Based Services (HCBS)
- LTC Facilities
- Homelessness and Hard to Place Individuals
- Physical Health
- Behavioral Health, Suicide and Drug & Alcohol
- Financial and Regulatory Issues

Home and Community-Based Services

- Barriers:
 - Veterans lack awareness MA HCBS and LIFE
 - Medicaid stigma amongst veterans
 - Unclear definition of veterans
 - Medicaid payment limitations for Personal Care and Assisted Living facilities

Home and Community-Based Services

- Strategy:
 - Utilize veteran resource navigator
 - Educate VSO/DMVA on PDA and OLTL HCBS
 - Increase referrals to VA programs such as Medical Foster Home, Veterans Directed Care along with Aid & Attendance.
 - Create training to increase Pa VetConnect referrals to LIFE and CHC-MCO.
 - Track DMVA referrals to CHC-MCO and LIFE

Long-Term Care Facilities

- Barrier:
 - Lack of awareness about veterans Aid and Attendance program
 - Veterans ineligible for MA benefits
 - Regulations prohibit use Personal Care for NFCE
 - Veterans with less than 70% SCD

Long-Term Care Facilities

- Strategies:
 - Create MA funded service for Assisted Living Facilities
 - Evaluate requirements to support veterans at public and non-public nursing facilities
 - Develop an assisted living services both Medicaid funded and DMVA/Veterans Programs funded

Homelessness and Hard to Place

- Barriers:
 - Strain in limited housing resources
 - Limited case managers for housing, employment, behavioral health and recovery
 - History of institutionalization prohibits effective housing

Homelessness and Hard to Place

- Strategy:
 - DMVA Liaison with VA VISN leadership and VA Medical Center for coordination homelessness
 - DMVA will identify needs and gaps
 - DMVA will work with other state agencies to obtain case managers services
 - GAC VS will disseminate best practices to the Continuum of Care programs

Physical Health

- Barriers:
 - Lack of awareness process service-connected disability
 - Insufficient health care services in rural regions
 - Lack awareness about USDVA, MA, Medicare benefits and physical health services
 - Limited access to physical health services due to no MA or USDVA benefits

Physical Health

- Strategies:
 - Create Marketing Strategy
 - Utilize in-services and videos to inform about VA and state benefits with suggested distribution to Penn DOT
 - Establish connection with community partners to assist with marketing programs and benefits
 - Utilize Pa VetConnect to establish physical health provider network for veterans

Behavioral Health, Suicide and D&A

- Barriers:
 - Insufficient funding for veterans behavioral health services
 - Shortage of veterans' specific behavioral health programs
 - Shortage of Peer Support programs for veterans and their families
 - Lack of veterans' families awareness about mental health diseases and treatment
 - Insufficient number of case managers for veterans

Behavioral Health, Suicide and D&A

- Strategies:
 - Utilize SCAs and County Mental Health offices for funding
 - DMVA should create a network behavioral health referral providers
 - Increase specific certification for providers serving veterans such CBT, TF CBT and PTSD
 - Create family Peer-to-Peer services
 - Partner with OMHSAS & USDVA to expand veteran specific Peer Support
 - Develop external media marketing campaign
 - Change veterans question on MA forms to “have you ever served in Armed Forces?”

Financial and Regulatory Issues

- Barriers:
 - Difficulties identifying veterans in community
 - HUD-VASH waivers are rationed by VAMCs
 - VA regulations restrict HCBS settings

Financial and Regulatory Issues

- Strategies:
 - Seek dedicated DMVA funding stream for D&A
 - Expand enrollment & utilization of USDVA programs & benefits
 - Explore data matching between MA & VA enrollment in VA programs (PARIS)
 - Include LIFE in Pa CHC-MCOs to increase funding
 - Explore use of existing LIFE spend down option to address barriers for veterans' eligibility for MA

Conclusion

- 50% of Pa veterans population is over 65
Leverage existing resources and programs to support veterans
- Increase referrals and cooperation across state agencies
- DMVA partner with existing public and private providers for NH, AL and HCBS

Comments / Questions