

## **H.R. 6823, the “Elizabeth Dole VA Home and Community Based Services for Veterans and Caregivers Act of 2022”**

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**SEC. 1. SHORT TITLE.** Tentatively, “The Elizabeth Dole Act of 2022”

### **SEC. 2. INCREASE EXPENDITURE CAP FOR NON-INSTITUTIONAL CARE ALTERNATIVES TO NURSING HOME**

This section increases the amount VA may spend on Home and Community Based Services (HCBS) to 100%. Currently, VA cannot exceed 65% of the cost of nursing home care in providing home care for a veteran. For many catastrophically disabled veterans, the cost of their care can quickly exceed the 65% limit.

### **SEC. 3. COORDINATION WITH PROGRAM OF ALL-INCLUSIVE CARE FOR THE ELDERLY**

This section mandates VA establish partnerships with all available PACE programs. VA currently has a dozen PACE partnerships. For veterans using both VA and PACE in areas where there are no partnerships that care often goes uncoordinated.

### **SEC. 4. HOME AND COMMUNITY BASED SERVICES: PROGRAMS**

- ***This section mandates the Veteran Directed Care Program, the Home Maker and Home Health Aide Program, the Home-Based Primary Care Program, and the Purchased Skilled Home Care Program be made available at all Medical Centers in two years.***
  - The Veteran Directed Care Program (VDC) administered with the Administration for Community Living, provides veterans a flexible budget to hire friends, family, or neighbors to help with activities of daily living, such as bathing, or instrumental activities of daily living, such as making meals.
  - The Home Maker Home Health Aide Program (H/HHA) contracts with a community agency that employs home health aides to care for veterans in their homes, providing skilled services, case management, help with daily living, or to ease caregiver burden.
  - The Home-Based Primary Care Program (HBPC) provides veterans who are isolated, have difficulty traveling, or whose caregiver is burdened, healthcare in their home, supervised by a VA physician
  - The Purchased Skilled Home Health Care Program is for veterans who have higher levels of need like wound care, speech therapy or skilled nursing the VA contracts with a community health agency to provide this care in a veteran’s home.
  - **A veteran will be eligible for participation in these programs if such a program is determined to be medically necessary to promote, preserve or restore the health of a veteran and the veteran is at risk of hospitalization, nursing home placement or emergency room care.**
- This section mandates the availability of VDC and H/HHA programs for those living in US territories and Native veterans using tribal health systems. Additionally, it allows for

catastrophically disabled veterans to remain in the Veteran Directed Care program if hospitalized.

- This section also provides **enhanced support for caregivers**. Any caregiver who lives with and provides services for a veteran under the VDC program will be entitled to receive at least *30 days of respite care a year*.
- Caregivers who live with veterans enrolled in H/HHA, HBPC or Purchased Skilled Care will also be entitled to at least *14 days of respite care a year*.
- All caregivers of veterans eligible for the HCBS and the Program of General Caregiver Support Services (PGCSS) will be provided the option of enrolling in PGCSS. VA will also conduct annual wellness checks on caregivers of veterans enrolled in HCBS programs.

## **SEC. 5. COORDINATION WITH PROGRAM OF COMPREHENSIVE ASSISTANCE FOR FAMILY CAREGIVERS**

- *If a veteran is denied or discharged from the Program of Comprehensive Assistance for Family Caregivers (PCAFC) the Secretary shall ensure the veteran is assessed for participation in all other available Home and Community Based Services programs.* The result of that assessment will be placed in the veteran's electronic medical record and the veteran and caregiver will be provided written information on next steps.
- For a veteran and/or family caregiver who is discharged from PCAFC, their caregiver support coordinator will ensure a smooth transition to any other home-based program they are more appropriate for, including by integrating caregiver support across programs.
- VA must also conduct a review of its capacity to establish an up-to-date database that includes contact information of all caregivers enrolled in the Program of General Caregiver Support Services.

## **SEC. 6. DEVELOPMENT OF CENTRALIZED WEBSITE FOR PROGRAM INFORMATION**

- The Secretary shall establish a single website to act as a clearing house of information about Home and Community Based Services and Caregiver Programs. The website must contain an informational assessment tool to give veterans and caregivers a "one stop shop" on programs they may be eligible for that enable them to remain at home.

## **SEC. 7. IMPROVEMENTS RELATING TO HOME MAKER AND HOME HEALTH AIDE PROGRAM**

- *This section mandates a three-year pilot program for communities with shortages of home health aides.* The Secretary shall select 10 sites and hire or repurpose current nursing assistants to be home health aides. These nursing assistants may provide such services while part of care teams for veterans using Home Based Primary Care.
- VA will submit to Congress a look-back report on the funds budgeted for Home Maker Home Health Aide program since FY 11 and report the number of veterans who were prescribed a higher number of hours than VA authorized and the reasons the authorizations were lower.

- One year from enactment, VA will update guidance for the H/HHA program that includes a process for transitioning veterans from one home-based program to another, and a requirement that medical directors complete such transition when a veteran with care needs is denied by a home health agency because of clinical need or behavior issue.

## **SEC. 8. REVIEWS AND OTHER IMPROVEMENTS RELATING TO HOME AND COMMUNITY BASED SERVICES**

- VA will review the ability of the Office of Geriatrics and Extended Care to administer their programs, ensure consistency, eliminate service gaps, and enhance availability. This section mandates the office establish quantitative goals for geographic alignment of services for veterans as well as quantitative goals to address the specialty care needs of veterans through in-home care, particularly for spinal cord injuries and dementia.
- The Secretary will conduct a review and report to Congress the department's efforts to establish or expand Home and Community Based Services and the plan of the Under Secretary for Health to accelerate efforts to enhance spending to match the progress of the Centers for Medicare & Medicaid Services in rebalancing investments to non-institutional care.
- The Secretary will report to Congress recommendations for expansion of mental health services and supports for caregivers of veterans. Other reports to congress include recommendations, made in collaboration with HHS and DOL, to address the nation-wide shortage of home health aides
- The Secretary will solicit feedback and recommendations to provide or improve home and community-based services for veterans who are not eligible for the programs established in this bill or the Caregiver programs but need some level of assistance at home.
- The Secretary will collaborate with the Director of the Indian Health Service and appropriate representatives from tribal health programs and Urban Indian organizations to ensure the availability of home and community-based services for Native veterans receiving care under multiple health systems.

## **SEC. 9. DEFINITIONS**