

FEBRUARY 12, 2024

PURCHASED HOME AND COMMUNITY-BASED SERVICES PROGRAMS

1. PURPOSE

a. By direction of the Office of the Under Secretary for Health, this notice maintains existing interim policy while a new Purchased Home- and Community-Based Services (PHCBS) directive is being prepared. The notice details home care eligibility generally and under the Department of Veterans Affairs (VA) MISSION Act of 2018 (P.L. 115-182). Credentialing, copayments, duplication of services, coordination of care for traveling Veterans, and maximum annual per Veteran expenditures are also addressed.

b. The notice includes interim policy on the following programs:

(1) **Skilled Home Health Care.** Skilled home health care (SHHC) services are in-home services provided by qualified personnel that include skilled nursing, physical therapy, occupational therapy, speech therapy, social work services, clinical assessment, treatment planning, treatment provision, patient and family education, health status monitoring, reassessment, referral, and follow-up.

(2) **Homemaker/Home Health Aide.** Homemaker/Home Health Aide (H/HHA) is a personal care services (PCS) providing in-home supportive care that enables frail or disabled Veterans to live safely in their own communities. H/HHA services include assistance with Activities of Daily Living (ADL) and Instrumental Activities of Daily Living (IADL) over either long periods of time or for short durations following procedures or injuries.

(3) **Home Respite.** Home Respite is a PCS providing relief to caregivers of Veterans with chronic illnesses in order to maintain the Veteran in the home. Respite services include assistance with ADL and IADL, as well as oversight to ensure a Veteran's safety.

(4) **Community Adult Day Health Care.** Community Adult Day Health Care (CADHC) is a PCS providing therapeutic services in a congregate non-institutional setting. Services may include nursing care, rehabilitation, social services, nutrition, personal care, recreation activities, socialization, and case management. Participation in CADHC helps support Veterans and caregivers in order to prevent or delay nursing home placement.

(5) **Veteran Directed Care.** Veteran Directed Care (VDC) is a PCS providing supportive care to Veterans, allowing them to age safely and independently in their homes and communities for as long as possible. In VDC, Veterans manage a Veteran-specific monthly budget, with oversight and support from community providers, to purchase goods and services to best meet their needs. This includes directly hiring employees, including family members and friends, to provide personal care services.

(6) **Palliative Care.** Palliative care is comfort care that focuses on relieving suffering and controlling symptoms, so that Veterans may continue to do what is most important to them. Palliative care is provided by an interdisciplinary team, aims to improve quality of life, and can be combined with treatments aimed at curing or controlling disease processes.

(7) **Hospice Care.** Hospice is the final stage of the palliative care continuum in which the primary goal of treatment is comfort rather than cure for patients with advanced disease that is life-limiting. Hospice care is a comprehensive package of bundled home hospice services utilizing an interdisciplinary team of professionals and volunteers. It can be provided by a VA Medical Facility team with expertise in this area or by a community hospice agency.

(8) **Program of All-Inclusive Care for the Elderly.** Program of All-Inclusive Care for the Elderly (PACE) provides comprehensive medical and social services to Veterans living in the community. Coverage includes primary care, adult day health care, home care, medical specialty care services, hospitalization, nursing home, transportation, meals, rehabilitation therapies, and medications.

2. ELIGIBILITY FOR CARE IN HOME AND COMMUNITY-BASED SERVICES

VA is required to furnish necessary home care, palliative and hospice care, and noninstitutional alternatives to nursing home care when clinically indicated.

3. ELIGIBILITY FOR COMMUNITY CARE

To receive PHCBS care, Veterans must satisfy one of the eligibility criteria for the Veterans Community Care Program established by the VA MISSION Act of 2018 and implemented at 38 C.F.R. § 17.4000 et seq. **NOTE:** For further information on community care, see VHA Notice 2022-19, Veterans Community Care Program, dated December 27, 2022.

4. CLINICAL INDICATORS OF NEED FOR PURCHASED HOME AND COMMUNITY-BASED SERVICES

a. **Skilled Home Health Care.** VHA does not require that Veterans meet Medicare home bound criteria or face-to-face requirements to be clinically eligible for VHA SHHC. The Veteran must meet at least one of the following criteria:

(1) The Veteran needs intermittent, short-term, or long-term skilled nursing assessment, teaching, treatment services, or monitoring.

(2) The Veteran needs intermittent, short-term, or transitional rehabilitative therapies, such as physical therapy, speech and language pathology services, or occupational therapy.

(3) The Veteran needs intermittent, short-term, or transitional medical social work services.

b. Homemaker/Home Health Aide, Community Adult Day Health Care, and Veteran Directed Care. The Veteran has been determined to meet the requirements for nursing home level of care as demonstrated by one or more of the following:

- (1) The Veteran needs assistance in two or more ADL dependencies.
- (2) The Veteran has significant cognitive impairment as evidenced by a deficit in executive decision making or memory.
- (3) The Veteran needs PCS as adjunct care to community hospice services.
- (4) The Veteran does not strictly meet the criteria outlined above but is determined by the Veteran's clinical care team to need these services and the clinical justification is documented in the electronic health record.

c. Home Respite. The Veteran's caregiver is not required to reside with the Veteran and may be a paid caregiver. The Veteran must not be approved for the Program of Comprehensive Assistance for Family Caregivers as the program has a separate respite benefit. The Veteran and caregiver must request respite, and the Veteran must meet at least one of the following criteria:

- (1) The Veteran needs assistance in one or more ADL dependencies.
- (2) The Veteran has significant cognitive impairment as evidenced by a deficit in executive decision making or memory.
- (3) The Veteran needs for respite services as adjunct care to community hospice services.

d. Hospice Care. To qualify for hospice care, the Veteran must meet all four of the following criteria:

- (1) The Veteran has been diagnosed with a life-limiting illness.
- (2) The Veteran has treatment goals that focus on comfort rather than cure.
- (3) The Veteran has a life expectancy, as determined by a VA or VA paid provider, to be six months or less if the disease runs its normal course.
- (4) Accepts hospice care.

e. Palliative Care. To qualify for palliative care, the Veteran must meet all of the following criteria:

- (1) The Veteran has been diagnosed with a serious, complex, or terminal illness.
- (2) The Veteran is accepting of support from the palliative care team, to include but not limited to symptom control, relief of suffering, assistance with complicated goals of care discussions, and support for the best quality of life.

f. **Program of All Inclusive Care for the Elderly.** To qualify for PACE, the Veteran must be certified by the state as needing nursing home care.

5. VA COPAYMENTS

Veterans receiving PHCBS may be responsible for VA outpatient or extended care copayments. See 38 C.F.R. § 17.111(b). VA copayments for extended care services are addressed on the Office of Integrated Veteran Care's (IVC) Community Care Knowledge Management web portal at:

https://vaww.vrm.km.va.gov/system/templates/selfservice/va_kanew/help/agent/locale/en%20US/portal/55440000001031/content/55440000069139/Chapter%206.%20Applications%20and%20Copayments%20for%20Extended%20Care%20Services.

NOTE: This is an internal VA website that is not available to the public. Procedural guidance can be found on the Member Services Knowledge Management web portal at: https://vaww.vrm.km.va.gov/system/templates/selfservice/va_kanew/help/agent/locale/en%20US/portal/55440000001046/content/55440000048948/Long-Term-CarePrograms?query=%22long%20term%20care%22. **NOTE:** This is an internal VA website that is not available to the public.

6. CREDENTIALING EXPECTATIONS FOR HOME AND COMMUNITY-BASED SERVICES PROVIDERS

PHCBS providers under the Community Care Network (CCN) contract must adhere to the credentialing standards outlined in each provider's contract with CCN third-party administrators. PHCBS providers under Veterans Care Agreements are required to successfully complete the credentialing application with the VA credentialing verification organization, as outlined in the Veterans Care Agreements. **NOTE:** Veterans Care Agreements are available at <https://www.va.gov/find-forms/about-form-10-10171/>. See VA Form 10-10171, section E in the agreement. All PHCBS providers caring for Veterans at VA expense must comply with applicable Federal and state regulations.

7. CONCURRENT SERVICES AND DUPLICATION OF SERVICES

a. **Aid and Attendance.** The receipt of Aid and Attendance is not to be considered when ordering or authorizing PHCBS services for a Veteran.

b. **Assisted Living Facility.** A Veteran residing in an Assisted Living Facility (ALF) may receive PHCBS services if the care ordered is not included in the facility care plan and the ALF is not receiving non-VA payment to provide the care. If a Veteran, for example, receives assistance with one bath per week as part of an ALF care plan but requires assistance three times per week, VA may authorize bathing assistance twice a week without duplication of services.

c. **Bowel and Bladder.** The Bowel and Bladder Program (agency and caregiver) include bathing assistance after the completion of bowel and bladder care as necessary. Any additional personal care needs may be authorized through PHCBS, and Veterans can receive both benefits.

d. **Hospice.** VA may authorize PHCBS services when a Veteran is enrolled in home hospice and the home hospice agency is providing the maximum amount of services possible.

e. **Medicaid.** A Veteran who is dually eligible for VA and Medicaid may choose VA as first payer. States may require Veterans to seek VA assistance for PCS before approaching the Medicaid program for services covered by both entities. States may choose to supplement VA's authorization for PCS, based on the state's assessment. If a Veteran is enrolled in Medicaid at the time of referral for PHCBS, VA may supplement the state authorization if Veteran has unmet needs. If all the Veteran's needs are met by Medicaid, additional services provided by the VA would constitute duplication of care. VA medical facility coordination of benefits with state Medicaid agencies is encouraged to assure needed services and avoid service duplication.

f. **Medical Foster Home.** Veterans enrolled in a VA Medical Foster Home (MFH) may be authorized for PHCBS services, with the exception of Veteran Directed Care, if the care ordered is not included in the facility care plan and the MFH is not receiving payment to provide the care.

8. MAXIMUM ANNUAL PHCBS EXPENDITURES

Pursuant to 38 U.S.C. § 1720C(d), the total fiscal year cost to VHA of a Veteran's home- and community-based care services may not exceed 65 percent of the annual cost per patient in a VA Community Living Center. The services included in the determination of expenditures are the following: SHHC, PACE, H/HHA, VDC, HCBS Respite, and CADHC. The cost of palliative and hospice care is not included in the count.

9. TRAVELING VETERANS

For traveling and permanently relocating Veterans who require health care services and are eligible for community care, the PHCBS referral process follows the Traveling Veterans process found in the Office of IVC Field Guidebook, Chapter 8, except for Veteran Directed Care. The Office of IVC Field Guidebook is available at, <https://dvagov.sharepoint.com/sites/VHAOCC/CNM/CI/OCCFGB/SitePages/FGB.aspx>.

NOTE: This is an internal VA website that is not available to the public.

10. RESCISSIONS

a. VHA Handbook 1140.6, Purchased Home Health Care Services Procedures, dated July 21, 2006; VHA Handbook 1140.02, Respite Care, dated November 10, 2008; and VHA Handbook 1140.5, Community Hospice Care: Referral and Purchase Procedures, dated March 1, 2005, are rescinded.

b. Procedures and additional resources for the Home Health, Respite and Hospice care programs are now located on PHCBS SharePoint: <https://dvagov.sharepoint.com/sites/vhapurchased-home-and-community-based-services/layouts/15/AccessDenied.aspx?Source=https%3A%2F%2Fdvagov%2Eshare>

point%2Ecom%2Fsites%2Fvhapurchased%2Dhome%2Dand%2Dcommunity%2Dbase%2Dservices&correlation=6b77aaa0%2Dd022%2Dd000%2De77c%2D1163980175bf.

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11. RESPONSIBLE OFFICE

The Office of Geriatrics and Extended Care (12GEC) is responsible for the content of this VHA notice. Questions may be addressed to VHA Purchased LTSS Support Group at VHAPurchasedLTSSSupportGroup@va.gov.

12. REFERENCES

- a. P.L. 115-182.
- b. 38 U.S.C. § 1720C(d).
- c. 42 U.S.C. §§ 1395 and 1396.
- d. 38 C.F.R. §§ 17.4000 et seq., 17.4010(a)(5), and 71.40(a)(4).
- e. VHA Handbook 1101.11(4) Coordinated Care for Traveling Veterans, dated April 22, 2015.

13. This VHA notice will expire and be archived on February 28, 2025. However, the rescission information (see paragraph 10.a.) will remain in effect.

**BY DIRECTION OF THE OFFICE OF THE
UNDER SECRETARY FOR HEALTH:**

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