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# Nursing Home Referrals within the Veterans Health Administration: Variation by Site and Payment for Care

Edward Alan Miller

*University of Massachusetts Boston, edward.miller@umb.edu*

Stefanie Gidmark

*Providence VA Medical Center*

Emily Gadbois

*University of Massachusetts Boston*

Marylou Guihan

*Hines VA Medical Center*

Orna Intrator

*University of Rochester*

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# Nursing Home Referrals within the Veterans Health Administration: Variation by Site and Payment for Care

Edward Alan Miller,<sup>1,2</sup> Stefanie Gidmark,<sup>2</sup> Emily Gadbois,<sup>1,2</sup> Marylou Guihan,<sup>3</sup> Orna Intrator<sup>4,5</sup>

<sup>1</sup>Department of Gerontology, John W. McCormack Graduate School of Policy and Global Studies, UMass Boston,

<sup>2</sup>Providence VA Medical Center,

<sup>3</sup>Hines VA Medical Center,

<sup>4</sup>University of Rochester, <sup>5</sup>Canandaigua VA Medical Center



## Background

- Veterans may receive Veterans Health Administration (VHA)-paid nursing home (NH) care in VHA Community Living Centers (CLCs), state veterans homes (SVHs), or community NHs.
- Veterans Affairs Medical Centers (VAMCs) must provide VHA-paid NH care to highly service connected (mandatory) Veterans.
- VAMCs have discretion to provide VHA-paid care to other Veterans, if resources allow.

## Study Objective

- To examine how Veterans' eligibility for different types of payment sources—VHA, Medicare, Medicaid, other—informs NH referral within the VHA.

## Methods

- Between May and December 2012, semi-structured interviews were conducted with 36 people located in 12 sites varying in geography, population density, and provider availability.
- Interviewees selected based on knowledge about the NH referral process.
- Three interviews were conducted at each site, representing the Contract NH Program, CLC Operations, and Inpatient/Discharge Social Work

## Findings

### Community Living Centers

- Most Veterans who receive CLC care do so after an inpatient VAMC stay.
- Most CLCs reserve long-term care beds for mandatory placements, though other difficult-to-place cases are sometimes admitted.
- Post-acute placements include a mix of mandatory and non-mandatory Veterans, some of whom may be eligible for Medicare-paid care in a community NH, either because mandatory Veterans prefer CLC care, or medical staff believes care coordination and outcomes will be superior regardless of service-connected status.
- VAMCs report reducing or eliminating long-term care placements, even for mandatory Veterans, so beds are available to hospital transferees.

### Contract Nursing Homes

- Most Veterans who receive contract NH care do so after an inpatient VAMC stay, though some derive from outpatient/community locations.
- Almost all referrals are for mandatory Veterans.
- VAMCs handle those eligible for both Medicare and VA-paid care differently. Some place them under Medicare first, beginning VA payment later; others begin VA payment immediately.
- VAMCs handle non-mandatory Veterans differently. Some place them into a community NH under a 30-day contract, Medicaid pending; others do not.

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## Findings-Continued

### State Veterans Homes

- Lengthy waitlists mean that SVHs mainly provide long-term care to residents that transfer after an intervening stay elsewhere.
- If geographically convenient, Veterans often prefer SVHs over other options due to the presence of other Veterans and because they can often move in with their spouses.
- SVHs typically receive payments from the state, the VHA, and the Veteran. The latter may be waived in favor of larger VHA payments for mandatorily eligible Veterans.

## Implications

- The NH referral process varies with facility type and differences in regional markets and local policies/practices, most notably with respect to payment source.
- Variation in the NH referral process are inevitable. Thus, the VHA must focus on monitoring the quality of care provided no matter where a Veteran is placed.

## Dissemination

- Presented findings before key personnel in the VA's Office of Geriatrics & Extended Care.
- Producing a report, journal articles, and other products outlining findings and lessons learned for the VHA and other care settings.