



# **SUPPORTING VETERANS IN LONG TERM CARE**

**Royal United Services Institute  
of Nova Scotia**

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**Canada**



## Objective

- To provide an overview of the Long Term Care Program

## Outline

- Historical Context
- Long Term Care Settings
- Authority & Program Eligibility
- How Does It Work
- Current Situation
- Accommodation and Meals
- Community Beds
- Contract Beds
- Preferred Admission to Community Beds



## Historical Context

- Departmental support for long term care dates back to 1915 when military hospitals were established to treat and care for soldiers returning from war
- In 1946, there were 44 Veterans' hospitals and treatment institutions owned and operated by the Department, declining to 18 facilities by 1955
- Glassco Royal Commission (1963) recommended transfer of remaining facilities to provinces
- Since then, all facilities have been transferred to the provinces
- A key provision in each hospital transfer agreement was that War Veterans have priority access to a fixed number of beds



## Long Term Care Settings

- Veterans are supported in two long term care settings:
  - community facilities, such as nursing homes and other long term care facilities with beds that are open to Veterans as well as other provincial residents; and
  - community facilities with contract beds designated through contractual arrangements with the province, health authority and/or facility for priority access for Second World War and Korean War Veterans
- Facilities may be owned and operated by provincial, private or non-profit entities and most provide care to other provincial residents as well as Veterans
- Community and contract beds are often found within the same facility



## Authority & Program Eligibility

- *Veterans Health Care Regulations* provide authority for long term care
- To be eligible for long term care support from the Department, a Veteran must:
  - be assessed as needing long term care by a health care professional, and
  - meet service eligibility requirements
- Eligibility varies depending on type & location of military service, income, health care need and/or link to service-related disability
- Veterans eligible for *contract or community* bed:
  - War Veterans who served overseas, or are income qualified, or have a disability related to their war-time service
  - Allied Veterans with specialized needs that cannot be met in a community bed
- Veterans eligible for care in *community* bed only:
  - War Veterans who served in Canada only and are income qualified;
  - Allied Veterans; and
  - Canadian Armed Forces Veterans who need care due to a disability related to military service



## How Does It Work?

- The delivery of long term care is a provincial/territorial responsibility
- If a Veteran needs long term care, VAC contributes to the cost of care if certain criteria are met (e.g. military service, health need, income eligibility)
- The assessment and placement process to access most long term care facilities is managed by provincial / regional / local health authorities
- The VAC application and consent forms are processed, and decisions are rendered, by Area Offices
- If a facility is full, a Veteran may be placed on a waitlist or given other placement options



## Current Situation

- As of March 31, 2017, the Department is supporting more than 5,500 Veterans in just over 1,400 long term care facilities:
  - 3,578 are in community beds in 1,379 facilities
  - 2,152 are in contract beds in 103 facilities
- Most Veterans are cared for in community beds in facilities close to family, friends and other social supports



## Accommodation And Meals

- *Veterans Health Care Regulations* provides authority and direction for determining the monthly maximum A&M rate, and Veterans' contribution
- Regardless of whether a Veteran is in a contract bed or community bed, the maximum contribution to accommodation and meal costs is \$1,017 per month
- Veterans are required to contribute to the cost of A&M, unless they fall in one of the following categories:
  - Care is required as a result of a pensioned condition
  - Veteran is seriously disabled (78% pensioned or above)
  - Veteran has insufficient income
- A&M rate is effective from October 1<sup>st</sup> to September 30<sup>th</sup> each year





## Community Beds

- Majority of Veterans are supported in community beds
- In most provinces, the Department only pays the difference between what the facility charges all provincial residents and the Veteran's contribution to accommodation and meal costs
- Veterans receive same programs and services provided by the facility to all residents



## Contract Beds

- Account for approximately 1/3 of Veterans receiving departmental support
- Majority of contract beds are located in former War Veterans' hospitals
- Agreements vary from province to province and from facility to facility
  - Priority access to a set number of beds for eligible Veterans
  - Nature and extent of funding the Department provides to support Veterans
  - Allow vacant beds not needed for Veterans to be used by provincial authorities for other seniors at no cost to the Department
- Various funding arrangements in place covering full operating costs vs funding for enhanced level of service and special programs vs premium for priority access



## Veterans' Preferred Admission To Community Beds

- Given the increasing number of vacant contract beds and pressure to expand access to other groups of Veterans, discussions to expand access were initiated with provincial health authorities and senior administrators of previously transferred Veterans hospitals
- In June 2016, the Department began negotiating new arrangements for preferred admission to community beds for Veterans who are eligible for care in a community facility other than in a contract bed
- Agreements have been finalized, or are in progress, for preferred placement and admission to a small number of beds at various facilities across the country