VA LONG-TERM CARE

Changes In Service Delivery Raise Important Questions

Why GAO Did This Study

The Department of Veterans Affairs (VA) is likely to see a significant increase in long-term care need over the next decade. The number of veterans most in need of long-term care services—those 85 years old and older—is expected to increase from about 870,000 to 1.3 million over this period. Many of these veterans will rely on VA to provide or pay for nursing home care or noninstitutional services that may help them remain at home and, for some, delay or prevent the need for nursing home care. VA operates its own nursing home care units in 132 locations. VA also pays for nursing home care under contract in non-VA nursing homes—referred to as community nursing homes. In addition, VA pays part of the cost of care for veterans at state veterans’ nursing homes and also pays a portion of the construction costs for some state veterans’ nursing homes.

This Committee has expressed concerns about recent trends in VA long-term care service delivery and how VA plans to meet the nursing home care needs and related long-term care needs of veterans as the elderly population most in need of long-term care increases. GAO was asked to determine for fiscal years 1998 through 2003 (1) how VA nursing home workload has changed and (2) how VA noninstitutional long-term care workload has changed.

What GAO Found

Recent trends in VA nursing home care and noninstitutional service delivery raise important questions, particularly whether access to services is sufficient to meet the needs of a rapidly growing elderly veteran population. VA's overall nursing home workload—average daily census—was 33,214 in fiscal year 2003, 1 percent below its fiscal year 1998 workload. The workload was below the fiscal year 1998 level each year, decreasing by as much as 8 percent below the fiscal year 1998 level in fiscal year 2000. VA’s use of nursing home care by setting also changed over the 6-year period. First, the percentage of workload in state veterans’ nursing homes increased as the number of state veterans’ nursing homes receiving VA payments increased. Second, the percentage of workload in VA’s own nursing homes declined, in part, because VA decreased the number of long-stay patients and increased the number of short-stay patients it treats in the nursing homes it operates. This is consistent with VA’s increased emphasis on post-acute care. Third, the percentage of workload in community nursing homes declined from 17 to 13 percent. VA officials told us that now shorter-term contracts are often used to transition veterans to nursing home care, which is paid for by other payers such as Medicaid.

Percentage of Nursing Home Workload By Setting, Fiscal Years 1998 and 2003

<table>
<thead>
<tr>
<th>Year</th>
<th>Nursing Home Workload</th>
<th>State Veterans’ Nursing Homes</th>
<th>VA-operated Nursing Homes</th>
<th>Community Nursing Homes</th>
</tr>
</thead>
<tbody>
<tr>
<td>1998 Workload:</td>
<td>total 33,630</td>
<td>43%</td>
<td>40%</td>
<td>17%</td>
</tr>
<tr>
<td>2003 Workload:</td>
<td>total 33,214</td>
<td>50%</td>
<td>37%</td>
<td>13%</td>
</tr>
</tbody>
</table>

Source: GAO analysis of VA data.

Note: The workload measure is average daily census, which represents the total number of days of nursing home care provided in a year divided by the number of days in the year.

VA’s noninstitutional long-term care workload—average daily census—increased by approximately 75 percent from fiscal years 1998 through 2003. Workload increased by 4,655 during this period to 10,892, reflecting a change in VA’s approach to care which includes meeting more long-term care need through noninstitutional services. Most of the growth in noninstitutional workload came from VA’s greater use of contract skilled home health care, which includes medical services provided to veterans at home, and homemaker/home health aide such as grooming and meal preparation.