



RESOLUTION 2010 - 1

SUPPORT FOR MORE FLEXIBILITY IN ADMITTING VETERANS WITH SERVICE-CONNECTED DISABILITIES TO STATE VETERANS HOMES AND MORE FLEXIBILITY IN THE RECEIPT OF PAYMENT FOR SUCH SERVICES FROM PAYMENT SOURCES RELATED TO THE MEDICAID AND MEDICARE PROGRAMS

WHEREAS, State Veterans Homes were founded for soldiers and sailors following the American Civil War, and have ably served veterans and some of their immediate dependents and survivors for nearly 150 years; and

WHEREAS, currently there are 140 State Veterans Homes in all States and in Puerto Rico, on a daily basis providing hospital, skilled nursing, skilled rehabilitation, long-term care, dementia and Alzheimer's care, domiciliary care, respite care, end of life care, and Adult Day Health Care daily to almost 28,500 veterans and dependents; and

WHEREAS, the federal Veterans Benefits, Health Care, and Information Technology Act of 2006, Public Law 109-461, requires the United States Department of Veterans Affairs to reimburse the to State Veterans Homes at a higher rate for the cost of care provided to veterans with a 70% or higher service-connected condition or who require nursing home care for a service-connected reason; and

WHEREAS, the VA did not issue regulations to implement the Program until April 29, 2009, approximately 2 ½ years after enactment of the law establishing the program, and the 2 ½ year delay in issuing regulations to implement the Program has caused enormous uncertainty and substantial recordkeeping and administrative problems regarding prior Medicaid payments, Medicare payments, and deceased veterans' estates for those State Veterans Homes seeking retroactive payment adjustments back to March 31, 2007; and

WHEREAS, although the VA regulations state that they provide a "higher-per diem rate" for veterans with service-connected disabilities, the regulations actually result in significantly lower total amounts being paid to many State Veterans Homes providing nursing home care to veterans with service-connected disabilities; and

WHEREAS, this has threatened the continued financial viability of many State Veterans Homes systems; and

WHEREAS, this problem is particularly acute in the 30 States that have Medicare-certified and/or Medicaid-certified State Veterans Homes, and receive payments for the care of veterans with service-connected disabilities under such programs; and

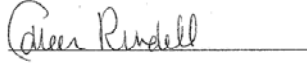
WHEREAS, this has caused some States to refrain from admitting some veterans with service-connected disabilities to State Veterans Homes; and

WHEREAS, although the new VA per diem program is workable for some States providing nursing home care and domiciliary care to veterans with service-connected disabilities, it is highly problematic for States providing nursing home care to such veterans in Medicaid-certified and Medicare-certified State Veterans Homes systems; and

WHEREAS, legislation to rectify this problem is before Congress in H.R. 4241, which would allow for increased flexibility in payments to State Veterans Homes.

NOW, THEREFORE, BE IT RESOLVED, that we urge Congress and the President to enact H.R. 4241 to allow States more flexibility in admitting veterans with service-connected disabilities to State Veterans Homes and more flexibility in the receipt of payment for such services from payment sources related to the Medicaid and Medicare programs.

<input checked="" type="checkbox"/>	Adopted
<input type="checkbox"/>	With Change
<input type="checkbox"/>	Rejected



COLLEEN RUNDELL, M.S., LNHA
President
National Association of State Veterans Homes

Dated this 30 day of April, 2010



RESOLUTION 2010 - 2

SUPPORT FOR ADMISSION TO STATE VETERANS HOMES OF ANY PARENT WHOSE CHILD PERISHED WHILE SERVING ON ACTIVE DUTY IN THE ARMED FORCES OF THE UNITED STATES

WHEREAS, State Veterans Homes were founded for soldiers and sailors following the American Civil War, and have ably served veterans and some of their immediate dependents and survivors for nearly 150 years; and

WHEREAS, currently there are 140 State Veterans Homes in all States and in Puerto Rico, on a daily basis providing hospital, skilled nursing, skilled rehabilitation, long-term care, dementia and Alzheimer's care, domiciliary care, respite care, end of life care, and Adult Day Health Care to 28,500 veterans and dependents; and

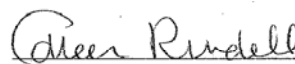
WHEREAS, Title 38, United States Code, authorizes State Veterans Homes to care for non-veteran residents, but only to the extent that non-veteran residents constitute no more than twenty-five percent of bed capacity at Such State Veterans Homes; and

WHEREAS, Title 38, Code of Federal Regulations, defines eligible non-veteran residents of State Veterans Homes as immediate dependents and survivors of veterans with antecedent residence in State Veterans Homes, and parents, all of whose children died while serving in active military service to the United States; and

WHEREAS, recognizing the contemporary trend of the all-volunteer military force, the wide array of career paths available to American citizens, and modern asymmetrical wars and military conflicts that require both periodic and episodic deployments to combat engagements throughout the world, a post-World War II policy that requires all of a parent's children to have perished in war as a precondition of eligible residence of a parent in a State Veterans Home under Title 38, United States Code, as interpreted in its Code of Federal Regulations, is unwarranted and exhibits an exclusionary intent toward parents who have suffered irreparable loss of a child, or children, who served their Nation in uniform.

NOW, THEREFORE, BE IT RESOLVED, that the National Association of State Veterans Homes (NASVH) supports and amendment to Title 38, Code of Federal Regulations, or in absence of such revision, amendment to Title 38, United States Code, to authorize admission to State Veterans Homes of any parent whose child perished in active military service to the United States; and fully supports the legislative objectives of the National Association of State Veterans Homes (NASVH) to receive from VA a per diem payment that equals 50 percent of the national average cost of providing care in a State Veterans Home.

<input checked="" type="checkbox"/>	Adopted
<input type="checkbox"/>	With Change
<input type="checkbox"/>	Rejected



COLLEEN RUNDELL, M.S., LNHA

President

National Association of State Veterans Homes

Dated this 30 day of April, 2010



RESOLUTION 2010 - 3

SUPPORT FOR FULL CONGRESSIONAL FUNDING FOR STATE EXTENDED CARE FACILITIES CONSTRUCTION MATCHING GRANT PROGRAM

WHEREAS, State Veterans Homes were founded for veterans after the American Civil War and have ably served disabled veterans for nearly 150 years; and

WHEREAS, every State operates at least one State Veterans Home, with one home in Puerto Rico, and more State Veterans Homes and beds and other programs within them are planned or projected annually to meet a growing demand for long term care programs and facilities for American's elderly, sick and disabled veterans; and

WHEREAS, The State Veterans Home program has proven itself to be the most cost-effective source of high quality long-term health care services for the nation's veterans who need skilled nursing, domiciliary, adult day health care and other specialized programs to meet their needs; and

WHEREAS, the Department of Veterans Affairs (VA) promotes the care and treatment of veterans in State Veterans Homes as an important means to attain its goal of developing, providing and maintaining the highest quality of care for eligible veterans; and


WHEREAS, Subchapter III of Chapter 81, Title 38, United States Code, authorizes the State Extended Care Facilities Grant Program, funded by VA through Congressional appropriations, to assist the States through grants for construction of new State Veterans Homes and for significant renovations of existing facilities, at a cost not to exceed 65% of the total cost of any such project proposed by a State and approved by the Secretary of Veterans Affairs;

WHEREAS, VA has not kept up with the States' pace of grant applications for construction of new State Veterans Homes and significant renovation and modernization projects at existing homes, resulting in a significant backlog of "Priority One" projects already funded by the States, within a total backlog of projects and new homes approaching \$1 billion; and,

WHEREAS, Congress appropriated \$150 million in supplemental appropriations for the State Extended Care Facilities Grant Program, as a small increment of the American Recovery and Reinvestment Act, H.R. 1, an Act the President approved on February 17, 2009.

NOW, THEREFORE, BE IT RESOLVED, that the National Association of State Veterans Homes (NASVH) supports full annual funding, at minimum an amount of \$250 million, for the State Extended Care Facilities Grant Program, in order for the Department of Veterans Affairs and the several States to further reduce the structural backlog of worthy projects pending funding during Fiscal 2011.

√	Adopted
	With Change
	Rejected



COLLEEN RUNDELL, M.S., LNHA
President

National Association of State Veterans Homes

Dated this 30 day of April, 2010



RESOLUTION 2010 - 4

SUPPORT FOR DEPARTMENT OF VETERANS AFFAIRS TO PAY ITS FAIR SHARE OF COST TO PROVIDE CARE FOR VETERANS IN STATE VETERANS HOMES

WHEREAS, State Veterans Homes were founded for soldiers and sailors following the American Civil War, and have ably served veterans for nearly 150 years; and

WHEREAS, under Title 38, United States Code, the Department of Veterans Affairs (VA) is authorized to make aid payments to States maintaining State Veterans Homes; and

WHEREAS, currently there are 140 State Veterans Homes as member institutions of the National Association of State Veterans Homes (NASVH), in all States and in Puerto Rico, on a daily basis providing hospital, skilled nursing, rehabilitation, long-term care, dementia and Alzheimer's care, domiciliary care, respite care, end of life care, and adult day health care, to 28,500 veterans and their dependents; and

WHEREAS, Title 38, United State Code, authorizes VA to make per diem payments to the States for Veterans residing in State Veterans Homes, and the State Veterans Home program is recognized as the lowest-cost among all nursing care alternatives used by VA; and

WHEREAS, Title 38, United States Code, authorizes VA to pay a per diem payment up to 50 percent of the national average cost of care in State Veterans Homes; and

WHEREAS, recognizing the growing long-term health care needs of older veterans, the State Veterans Home program will increasingly serve a vital purpose and will continue to provide the lowest cost alternative for veterans needing long-term care in the future.

NOW, THEREFORE, BE IT RESOLVED, that NASVH supports a VA per diem payment of not more than 50 percent of the national average cost of providing care in a State Veterans Home, as authorized by law.

√	Adopted
	With Change
	Rejected

A handwritten signature in cursive script, reading "Colleen Rundell", written over a horizontal line.

COLLEEN RUNDELL, M.S., LNHA
President
National Association of State Veterans Homes

Dated this 30 day of April, 2010



RESOLUTION 2010 - 5

SUPPORT FOR CONSOLIDATION OF DUPLICITOUS EXTERNAL INSPECTION SURVEYS FOR STATE VETERANS HOMES BY THE DEPARTMENT OF VETERANS AFFAIRS.

WHEREAS, the State Veterans Home program, with 140 participating facilities in 50 States and in the Commonwealth of Puerto Rico, has proven itself to be the most cost-effective resource available to the Department of Veterans Affairs, for high quality long-term health care services for those of the nation's veterans who need skilled nursing, domiciliary, adult day health care and other specialized long term care programs to meet their needs; and

WHEREAS, the Department of Veterans Affairs promotes and closely monitors the care and treatment of veterans in State Veterans Homes as an important means to attain its goal of developing, providing, maintaining and guaranteeing options for the highest quality of long term care for eligible veterans; and

WHEREAS, each State is accountable for ensuring veterans in its State Veterans Homes receive quality long term and other health care services, and for achieving high patient satisfaction and comfort in safe environmental conditions; and

WHEREAS, a State Veterans Home generally functions within a State's department or division of veterans' affairs, public health, or other accountable State agency, and operates under the governance and oversight of a board of trustees, a board of visitors, or other similar accountable public body; and

WHEREAS, State Veterans Homes hold themselves accountable for the quality of care they provide through myriad internal management controls, State and federal long term care regulations, and integration of model policies, practices and standards advocated by the National Association of State Veterans Homes and other standards bodies, for the continuous quality improvement of their programs of care for sick, elderly and disabled veterans; and

WHEREAS, State Veterans Homes are subject to both regular and periodic inspections and audits from State agencies, the federal Department of Health and Human Services, the Inspector General of the Department of Veterans Affairs, and the Civil Rights Division of the Department of Justice, among other inspectors, and are accountable to the general public through the press and news media;

WHEREAS, Surveys by State agencies and the federal Department of Health and Human Services already hold State Veterans Homes to the same and more conditions and standards of care as the Department of Veterans Affairs (VA), with the exception of eight VA unique and primarily administrative criteria; and

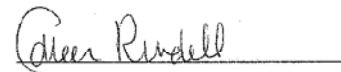
WHEREAS, In the Memorandum on VA Inspections of State Veterans Homes, dated June 6, 1996, The VA Under Secretary for Health instructed the Deputy Secretary to modify relevant sections of the Veterans Health Administration Administrative Manual to ensure that State Veterans Homes that are accredited/certified (without waivers) by either the Joint Commission on Accreditation of Healthcare Organizations (JCAHO) or the Health Care Financing Administration (HCFA) are exempted from annual VA inspections unless there is good reason to believe that the State Veterans Home is not substantially in compliance with the current VA standards. Likewise, non-JCAHO or non-HCFA certified State Veterans

Homes may be exempted if they are licensed by the State inspection standards and the State standards approximate VA standards; and

WHEREAS, in the Memorandum on Transparency and Open Government, issued on January 21, 2009, the President instructed the Director of the Office of Management and Budget to issue an Open Government Directive to direct executive departments and agencies to take specific actions to implement the principles of transparency, participation, and collaboration to improve the effectiveness of Government by encouraging partnerships and cooperation within the Federal Government, across levels of government, and between the Government and private institutions

NOW, THEREFORE, BE IT RESOLVED, that the National Association of State Veterans Homes supports the consolidation of the duplicitous inspection process and that the Department of Veterans Affairs and the Centers for Medicare and Medicaid Services (CMS), where applicable, combine their surveys into one inspection or defer to the CMS inspection results, except for those unique VA criteria, to assure that State Veterans Homes function within required standards and fulfill their roles as effective, safe and high quality sources of compassionate care for eligible sick and disabled veterans and their dependents and survivors.

√	Adopted
	With Change
	Rejected



COLLEEN RUNDELL, M.S., LNHA
President

National Association of State Veterans Homes

Dated this 30 day of April, 2010