

Veterans Long-Term Care Security Act

Section 403 of S. 2694 (Craig)

Equitable Access to State Homes for Service-Connected Disabled Veterans

- Eliminates inequities in current law that serve as disincentives for severely disabled service-connected veterans to enter State Veterans Homes.
 - 1) Authorizes VA to provide veterans who are 50% or more service-connected disabled with prescription medications while residing in State Homes. Currently these veterans receive prescribed medications free of charge in any setting other than a State Home.
 - 2) Authorizes VA to pay the same rates for the care of a 70% or higher service-connected veteran residing in a State Home as they are currently authorized to pay via contract to private community nursing homes. VA's General Counsel has opined that VA lacks specific authority to place 70% or greater service-connected veterans in State Homes and reimburse the State Homes at the same rate reimbursed to private facilities. Consequently at present, there are few 70% or greater service-connected veterans residing in State Homes.

Expansion of State Home Bed Options in Rural or Remote Locations

- Provides VA with authority to treat certain existing health care facilities as State Home beds for purposes of receiving per diem payments for the care of veterans under the State Home program. These facilities would be required to meet all existing VA standards of care and could not be used by a State to exceed the limits on State Home beds allowable under current statutory regulations.
- This program would be authorized for three years, with a maximum of 100 beds nationally under this section.
- This provision is designed to provide States, particularly large, rural States, with additional flexibility to develop small State Home bed units in collaboration with preexisting health care providers rather than construct new freestanding State Homes.