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(b) Table of Contents.—The table of contents for this Act is as follows:

Sec. 1. Short title; table of contents.
Sec. 2. Definitions.
Sec. 3. Increase of expenditure cap for noninstitutional care alternatives to nursing home care.
Sec. 4. Coordination with Program of All-Inclusive Care for the Elderly.
Sec. 5. Home and community based services; programs.
Sec. 6. Coordination with assistance and support services for caregivers.
Sec. 7. Development of centralized website for program information.
Sec. 8. Improvements relating to Home Maker and Home Health Aide program.
Sec. 9. Reviews and other improvements relating to home and community based services.

SEC. 2. DEFINITIONS.

In this Act:

(1) Caregiver; family caregiver.—The terms “caregiver” and “family caregiver” have the meanings given those terms under section 1720K(g) of title 38, United States Code (as added by section 5(a)(1)).

(2) Covered program.—The term “covered program”—

(A) means any program of the Department for home and community based services; and

(B) includes the programs specified in section 1720K of title 38, United States Code (as added by section 5(a)(1)).

(3) Department.—The term “Department” means the Department of Veterans Affairs.
(4) Home and Community Based Services.—The term “home and community based services”—

(A) means the services referred to in section 1701(6)(E) of title 38, United States Code; and

(B) includes services furnished under a program specified in section 1720K of such title (as added by section 5(a)(1)).

(5) Home Based Primary Care Program; Home Maker and Home Health Aide Program; Veteran Directed Care Program.—The terms “Home Based Primary Care program”, “Home Maker and Home Health Aide program”, and “Veteran Directed Care program” mean the programs of the Department specified in subsections (d), (e), and (b) of such section 1720K, respectively.

(6) Home Health Agency; Home Health Aide; Native American Veteran, Tribal Health Program; Urban Indian Organization.—The terms “home health agency”, “home health aide”, “Native American veteran”, “tribal health program”, and “Urban Indian organization” have the meanings given those terms in subsection (g) of such section 1720K.
(7) Secretary.—The term “Secretary” means the Secretary of Veterans Affairs.

(8) Veterans service organization.—The term “veterans service organization” means any organization recognized by the Secretary under section 5902 of title 38, United States Code.

SEC. 3. INCREASE OF EXPENDITURE CAP FOR NONINSTITUTIONAL CARE ALTERNATIVES TO NURSING HOME CARE.

(a) Increase of Expenditure Cap.—Section 1720C(d) of title 38, United States Code, is amended—

(1) by striking “The total cost” and inserting “(1) Except as provided in paragraph (2), the total cost”;

(2) in paragraph (1), as designated by paragraph (1), by striking “65 percent of”; and

(3) by adding at the end the following new paragraph:

“(2) The total cost of providing services or in-kind assistance in the case of any veteran for any fiscal year under the program may exceed the cost that would otherwise have been incurred as specified in paragraph (1) if the Secretary determines such higher total cost is in the best interest of the veteran.”.
(b) APPLICABILITY.—The amendments made by subsection (a) shall apply with respect to any fiscal year beginning on or after the date of the enactment of this Act.

SEC. 4. COORDINATION WITH PROGRAM OF ALL-INCLUSIVE CARE FOR THE ELDERLY.

Section 1720C of title 38, United States Code, as amended by section 3, is further amended by adding at the end the following new subsection:

“(f) In furnishing services to a veteran under the program conducted pursuant to subsection (a), if a medical center of the Department through which such program is administered is located in a geographic area in which services are available to the veteran under a PACE program (as such term is defined in sections 1894(a)(2) and 1934(a)(2) of the Social Security Act (42 U.S.C. 1395eee(a)(2); 1396u–4(a)(2))), the Secretary shall establish a partnership with the PACE program operating in that area for the furnishing of such services.”.

SEC. 5. HOME AND COMMUNITY BASED SERVICES: PROGRAMS.

(a) PROGRAMS.—

(1) IN GENERAL.—Subchapter II of chapter 17 of title 38, United States Code, is amended by inserting after section 1720J the following new section:
§ 1720K. Home and community based services: programs

“(a) In general.—In furnishing noninstitutional alternatives to nursing home care under the authority of section 1720C of this title (or any other authority under this chapter or other provision of law administered by the Secretary of Veterans Affairs), the Secretary shall carry out each of the programs specified in this section in accordance with such relevant authorities except as otherwise provided in this section.

“(b) Veteran directed care program.—(1) The Secretary of Veterans Affairs, in collaboration with the Secretary of Health and Human Services, shall carry out a program to be known as the ‘Veteran Directed Care program’ under which the Secretary of Veterans Affairs may enter into agreements with the providers described in paragraph (2) to provide to eligible veterans funds to obtain such in-home care services and related items as may be determined appropriate by the Secretary of Veterans Affairs and selected by the veteran, including through the veteran hiring individuals to provide such services and items.

“(2) The providers described in this paragraph are the following:

“(A) An Aging and Disability Resource Center, an area agency on aging, or a State agency.
“(B) A center for independent living.

“(3) In carrying out the Veteran Directed Care program, the Secretary of Veterans Affairs shall—

“(A) administer such program through each medical center of the Department of Veterans Affairs;

“(B) ensure the availability of such program in American Samoa, Guam, the Commonwealth of the Northern Mariana Islands, the Commonwealth of Puerto Rico, the Virgin Islands of the United States, and any other territory or possession of the United States; and

“(C) ensure the availability of such program for eligible veterans who are Native American veterans receiving care and services furnished by the Indian Health Service, a tribal health program, an Urban Indian organization, or (in the case of a Native Hawaiian veteran) a Native Hawaiian health care system.

“(4) If a veteran participating in the Veteran Directed Care program is catastrophically disabled, the veteran may continue to use funds under the program during a period of hospitalization in the same manner that the veteran would be authorized to use such funds under the program if the veteran were not hospitalized.
“(c) Home Maker and Home Health Aide Program.—(1) The Secretary shall carry out a program to be known as the ‘Home Maker and Home Health Aide program’ under which the Secretary may enter into agreements with home health agencies to provide to eligible veterans such home health aide services as may be determined appropriate by the Secretary.

“(2) In carrying out the Home Maker and Home Health Aide program, the Secretary shall ensure the availability of such program—

“(A) in the locations specified in subparagraph (B) of subsection (b)(3); and

“(B) for the veteran populations specified in subparagraph (C) of such subsection.

“(d) Home Based Primary Care Program.—The Secretary shall carry out a program to be known as the ‘Home Based Primary Care program’ under which the Secretary may furnish to eligible veterans in-home health care, the provision of which is overseen by a physician of the Department.

“(e) Purchased Skilled Home Care Program.—The Secretary shall carry out a program to be known as the ‘Purchased Skilled Home Care program’ under which the Secretary may furnish to eligible veterans such in-
home care services as may be determined appropriate and
selected by the Secretary for the veteran.

“(f) CAREGIVER SUPPORT.—(1) With respect to a
resident caregiver of a veteran participating in a program
under this section who is a family caregiver, the Secretary
shall—

“(A) if the veteran meets the requirements of
a covered veteran under section 1720G(b) of this
title, provide to such caregiver the option of enrolling
in the program of general caregiver support serv-
ices under such section;

“(B) subject to paragraph (2), provide to such
caregiver not fewer than 14 days of covered respite
care each year; and

“(C) conduct on an annual basis (and, to the
extent practicable, in connection with in-person serv-
ices provided under the program in which the vet-
eran is participating), a wellness check of such care-
giver.

“(2) The Secretary shall provide not fewer than 30
days of covered respite care each year to any resident care-
giver who provides services funded under the Veteran Di-
rected Care program under subsection (b).

“(3) Covered respite care provided to a resident care-
giver of a veteran under paragraph (1) or (2), as the case
may be, may exceed 14 days annually or 30 days annually, respectively, if an extension is requested by the resident caregiver or veteran and determined medically appropriate by the Secretary.

“(g) DEFINITIONS.—In this section:

“(1) The terms ‘Aging and Disability Resource Center’, ‘area agency on aging’, and ‘State agency’ have the meanings given those terms in section 102 of the Older Americans Act of 1965 (42 U.S.C. 3002).

“(2) The terms ‘caregiver’ and ‘family caregiver’, with respect to a veteran, have the meanings given those terms, respectively, under subsection (d) of section 1720G of this title with respect to an eligible veteran under subsection (a) of such section or a covered veteran under subsection (b) of such section, as the case may be.

“(3) The term ‘center for independent living’ has the meaning given that term in section 702 of the Rehabilitation Act of 1973 (29 U.S.C. 796a).

“(4) The term ‘covered respite care’ means, with respect to a caregiver of a veteran, respite care that—
“(A) includes 24-hour per day care of the veteran commensurate with the care provided by the caregiver;

“(B) is medically and age-appropriate; and

“(C) includes in-home care services.

“(5) The term ‘eligible veteran’ means any veteran—

“(A) for whom the Secretary determines participation in a specific program under this section is medically necessary to promote, preserve, or restore the health of the veteran; and

“(B) who absent such participation would be at increased risk for hospitalization, placement in a nursing home, or emergency room care.

“(6) The term ‘home health agency’ has the meaning given that term in section 1861(o) of the Social Security Act (42 U.S.C. 1395x(o)).

“(7) The term ‘home health aide’ means an individual employed by a home health agency to provide in-home care services.

“(8) The term ‘in-home care service’ means any service, including a personal care service, provided to enable the recipient of such service to live at home.
“(9) The term ‘Native American veteran’ has the meaning given that term in section 3765 of this title.

“(10) The terms ‘Native Hawaiian’ and ‘Native Hawaiian health care system’ have the meanings given those terms in section 12 of the Native Hawaiian Health Care Improvement Act (42 U.S.C. 11711).

“(11) The term ‘resident caregiver’ means a caregiver or a family caregiver of a veteran who resides with the veteran.

“(12) The terms ‘tribal health program’ and ‘Urban Indian organization’ have the meanings given those terms in section 4 of the Indian Health Care Improvement Act (25 U.S.C. 1603).”.

(2) CLERICAL AMENDMENT.—The table of sections at the beginning of such subchapter is amended by inserting after the item relating to section 1720J the following new item:

“1720K. Home and community based services: programs.”.

(b) DEADLINE FOR IMPROVED ADMINISTRATION.—The Secretary shall ensure that the Veteran Directed Care program and the Home Maker and Home Health Aide program are administered through each medical center of the Department in accordance with section 1720K of title 38, United States Code (as added by subsection (a)(1)),
by not later than two years after the date of the enactment of this Act.

(c) Administration of Veteran Directed Care Program.—

(1) Procedures.—The Secretary shall establish procedures to identify staffing needs for the Program and define the roles and responsibilities of personnel of the Program at the national, Veterans Integrated Service Network, and facility levels, including responsibilities for engagement with veterans participating in the Program, veterans interested in the Program, and providers described in section 1720K(b)(2), as added by subsection (a)(1).

(2) Staffing model.—

(A) In general.—The Secretary shall establish a staffing model for the administration of the Program at each medical center of the Department.

(B) Staffing ratio.—The Secretary shall establish a staffing ratio for administration of the Program at each facility of the Department at which the Program is carried out, which shall include a specified number of full-time equivalent employees, with no collateral...
duties, per number of veterans served by the Program.

(3) FUNDING FOR PROGRAM.—

(A) IN GENERAL.—The Secretary shall develop methods for tracking and reporting demand by veterans for and use by veterans of services under the Program to inform yearly cost estimates for the Program.

(B) DEDICATED FUNDING.—The Secretary shall ensure each medical center of the Department receives dedicated funding for administration and staffing of the Program, tailored to demand for and use of the Program at such medical center.

(C) SEPARATE FUNDING.—Funding provided to carry out the Program shall be separate from any other funding for the purchased long term services and supports programs of the Department.

(4) PROGRAM DEFINED.—In this subsection, the term “Program” means the Veteran Directed Care program.
SEC. 6. COORDINATION WITH ASSISTANCE AND SUPPORT SERVICES FOR CAREGIVERS.

(a) Coordination With Program of Comprehensive Assistance for Family Caregivers.—

(1) Coordination.—Section 1720G(a) of title 38, United States Code, is amended by adding at the end the following new paragraph:

“(14)(A) In the case of a veteran or caregiver who seeks services under this subsection and is denied such services, or a veteran or the family caregiver of a veteran who is discharged from the program under this subsection, the Secretary shall—

“(i) if the veteran meets the requirements of a covered veteran under subsection (b), provide to such caregiver the option of enrolling in the program of general caregiver support services under such subsection;

“(ii) assess the veteran or caregiver for participation in any other available program of the Department for home and community based services (including the programs specified in section 1720K of this title) for which the veteran or caregiver may be eligible and, with respect to the veteran, store (and make accessible to the veteran) the results of such assessment in the electronic medical record of the veteran; and
“(iii) provide to the veteran or caregiver written
information on any such program identified pursu-
ant to the assessment under clause (ii), including in-
formation about facilities, eligibility requirements,
and relevant contact information for each such pro-
gram.
“(B) For each veteran or family caregiver who is dis-
charged from the program under this subsection, a care-
giver support coordinator shall provide for a smooth and
personalized transition from such program to an appro-
priate program of the Department for home and commu-
nity based services (including the programs specified in
section 1720K of this title), including by integrating care-
giver support across programs.”.

(2) APPLICABILITY.—The amendment made by
paragraph (1) shall apply with respect to denials
and discharges described in paragraph (14) of such
section, as added by paragraph (1), occurring on or
after the date of the enactment of this Act.

(b) TECHNICAL AND CONFORMING AMENDMENTS.—
Section 1720G(d) of such title is amended—

(1) by striking “or a covered veteran” each
place it appears and inserting “, a veteran denied or
discharged as specified in paragraph (14) of such
subsection, or a covered veteran”; and
(2) by striking “under subsection (a), means” each place it appears and inserting “under sub-
section (a) or a veteran denied or discharged as specified in paragraph (14) of such subsection, means”.

(c) Review Relating to Caregiver Contact.—
The Secretary shall conduct a review of the capacity of the Department to establish a streamlined system for con-
tacting all caregivers enrolled in the program of general caregiver support services under section 1720G(b) of title 38, United States Code, to provide to such caregivers pro-
gram updates and alerts relating to emerging services for which such caregivers may be eligible.

SEC. 7. DEVELOPMENT OF CENTRALIZED WEBSITE FOR PROGRAM INFORMATION.

(a) Centralized Website.—The Secretary shall develop and maintain a centralized and publicly accessible internet website of the Department as a clearinghouse for information and resources relating to covered programs.

(b) Contents.—The website under subsection (a) shall contain the following:

(1) A description of each covered program.

(2) An informational assessment tool that en-
ables users to—
(A) assess the eligibility of a veteran, or a
caregiver of a veteran, for any covered program;
and
(B) receive information, as a result of such
assessment, on any covered program for which
the veteran or caregiver (as the case may be)
may be eligible.

(3) A list of required procedures for the direc-
tors of medical facilities of the Department to follow
in determining the eligibility and suitability of vet-
erans for participation in a covered program, includ-
ing procedures applicable to instances in which the
resource constraints of a facility (or of a community
in which a facility is located) may result in the in-
ability to address the health needs of a veteran
under a covered program in a timely manner.

(c) Updates.—The Secretary shall ensure the
website under subsection (a) is updated on a periodic
basis.

SEC. 8. IMPROVEMENTS RELATING TO HOME MAKER AND
HOME HEALTH AIDE PROGRAM.

(a) Pilot Program for Communities With
Shortage of Home Health Aides.—

(1) Program.—The Secretary shall carry out a
vide home maker and home health aide services to veterans who reside in communities with a shortage of home health aides.

(2) LOCATIONS.—The Secretary shall select 10 geographic locations in which the Secretary determines there is a shortage of home health aides at which to carry out the pilot program under paragraph (1).

(3) NURSING ASSISTANTS.—

(A) IN GENERAL.—In carrying out the pilot program under paragraph (1), the Secretary may hire nursing assistants as new employees of the Department, or reassign nursing assistants who are existing employees of the Department, to provide to veterans in-home care services (including basic tasks authorized by the State certification of the nursing assistant) under the pilot program, in lieu of or in addition to the provision of such services through non-Department home health aides.

(B) RELATIONSHIP TO HOME BASED PRIMARY CARE PROGRAM.—Nursing assistants hired or reassigned under subparagraph (A) may provide services to a veteran under the pilot program under paragraph (1) while serv-
ing as part of a health care team for the veteran under the Home Based Primary Care program.

(4) DURATION.—The pilot program under paragraph (1) shall be for a duration of three years.

(5) REPORT TO CONGRESS.—Not later than one year after the date on which the Secretary determines the pilot program under paragraph (1) has terminated, the Secretary shall submit to the Committee on Veterans’ Affairs of the Senate and the Committee on Veterans’ Affairs of the House of Representatives a report on the result of the pilot program.

(b) REPORT ON USE OF FUNDS.—Not later than one year after the date of the enactment of this Act, the Secretary shall submit to the Committee on Veterans’ Affairs of the Senate and the Committee on Veterans’ Affairs of the House of Representatives a report containing, with respect to the period beginning in fiscal year 2011 and ending in fiscal year 2022, the following:

(1) An identification of the amount of funds that were included in a budget of the Department during such period for the provision of in-home care to veterans under the Home Maker and Home Health Aide program in effect during such period.
but were not expended for the provision of such
care, disaggregated by medical center of the Depart-
ment for which such unexpended funds were budg-
eted.

(2) An identification of the number of veterans
for whom, during such period, the hours during
which a home health aide was authorized to provide
services to the veteran under such program were re-
duced for a reason other than a change in the health
care needs of the veteran, and a detailed description
of the reasons why any such reductions may have oc-
curred.

(c) UPDATED GUIDANCE ON PROGRAM.—

(1) IN GENERAL.—Not later than one year
after the date of the enactment of this Act, the Sec-
retary shall issue updated guidance for the Home
Maker and Home Health Aide program.

(2) MATTERS TO INCLUDE.—Guidance updated
under paragraph (1) shall include the following:

(A) A process for the transition of veterans
from the Home Maker and Home Health Aide
program to other covered programs.

(B) A requirement for the directors of the
medical facilities of the Department to complete
such process whenever a veteran with care
needs has been denied services from home health agencies under the Home Maker and Home Health Aide program as a result of the clinical needs or behavioral issues of the veteran.

SEC. 9. REVIEWS AND OTHER IMPROVEMENTS RELATING TO HOME AND COMMUNITY BASED SERVICES.

(a) Office of Geriatric and Extended Care.—

(1) Review of Programs.—The Under Secretary for Health of the Department shall conduct a review of each program administered through the Office of Geriatric and Extended Care of the Department, or successor office, to—

(A) ensure consistency in program management;

(B) eliminate service gaps at the medical center level; and

(C) ensure the availability of, and the access by veterans to, home and community based services.

(2) Assessment of Staffing Needs.—The Secretary shall conduct an assessment of the staffing needs of the Office of Geriatric and Extended Care of the Department, or successor office.
(3) Goals for geographic alignment of care.—

(A) Establishment of goals.—The Director of the Office of Geriatric and Extended Care, or successor office, shall establish quantitative goals to enable aging or disabled veterans who are not located near medical centers of the Department to access extended care services (including by improving access to home and community based services for such veterans).

(B) Implementation timeline.—Each goal established under subparagraph (A) shall include a timeline for the implementation of the goal at each medical center of the Department.

(4) Goals for in-home specialty care.—The Director of the Office of Geriatric and Extended Care, or successor office, shall establish quantitative goals to address the specialty care needs of veterans through in-home care, including by ensuring the education of home health aides and caregivers of veterans in the following areas:

(A) Dementia care.

(B) Care for spinal cord injuries and diseases.

(C) Ventilator care.
(D) Other specialty care areas as determined by the Secretary.

(5) REPORT TO CONGRESS.—Not later than one year after the date of the enactment of this Act, the Secretary shall submit to the Committee on Veterans’ Affairs of the Senate and the Committee on Veterans’ Affairs of the House of Representatives a report containing the findings of the review under paragraph (1), the results of the assessment under paragraph (2), and the goals established under paragraphs (3) and (4).

(b) REVIEW OF INCENTIVES AND EFFORTS RELATING TO HOME AND COMMUNITY BASED SERVICES.—

(1) REVIEW.—The Secretary shall conduct a review of the following:

(A) The financial and organizational incentives for the directors of medical centers of the Department to establish or expand covered programs at such medical centers.

(B) Any incentives for such directors to provide to veterans home and community based services in lieu of institutional care.

(C) The efforts taken by the Secretary to enhance spending of the Department for extended care by shifting the balance of such

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spending from institutional care to home and community based services.

(D) The plan of the Under Secretary for Health of the Department to accelerate efforts to enhance spending as specified in subparagraph (C), to match the progress of similar efforts taken by the Administrator of the Centers for Medicare & Medicaid Services with respect to spending of the Centers for Medicare & Medicaid Services for extended care.

(2) REPORT TO CONGRESS.—Not later than one year after the date of the enactment of this Act, the Secretary shall submit to the Committee on Veterans’ Affairs of the Senate and the Committee on Veterans’ Affairs of the House of Representatives a report on the findings of the review under paragraph (1).

(c) REVIEW OF RESPITE CARE SERVICES.—Not later than two years after the date of the enactment of this Act, the Secretary shall conduct a review of the use, availability, and effectiveness of the respite care services furnished by the Secretary under chapter 17 of title 38, United States Code.

(d) COLLABORATION TO IMPROVE HOME AND COMMUNITY BASED SERVICES.—
(1) Feedback and Recommendations on Caregiver Support.—

(A) Feedback and Recommendations.—The Secretary shall solicit from the entities described in subparagraph (B) feedback and recommendations regarding opportunities for the Secretary to enhance home and community based services for veterans and caregivers of veterans, including through the potential provision by the entity of care and respite services to veterans and caregivers who may not be eligible for any program under section 1720G of title 38, United States Code, or section 1720K of such title (as added by section 5(a)(1)), but have a need for assistance.

(B) Covered Entities.—The entities described in this subparagraph are veterans service organizations and nonprofit organizations with a focus on caregiver support (as determined by the Secretary).

(2) Collaboration for Native American Veterans.—The Secretary shall collaborate with the Director of the Indian Health Service and representatives from tribal health programs and Urban Indian organizations to ensure the availability of
home and community based services for Native American veterans, including Native American veterans receiving health care and medical services under multiple health care systems.