



WE HONOR VETERANS

Partner Networking Call 4/17/14 Call Summary

Veterans Burial Benefits

Michael Nacincik, National Cemetery Administration Chief of Communications & Outreach

- **The National Cemetery Administration (NCA)** is one of three administration offices that deliver benefits to Veterans; others include the Veterans Health Administration and the Veterans Benefit Administration. NCA's mission is to honor Veterans with **final resting places in national shrines** and with lasting tributes that commemorate their service to our Nation.
- **Two Categories of Veteran Burial Benefits:**
 1. Burial in a National Cemetery
 - Benefits available include: a gravesite in any of our **131 national cemeteries**; opening and closing of the grave; perpetual care; a government headstone or marker; a **burial flag**; and a Presidential Memorial Certificate.
 - Spouses and dependents can also be buried in national cemeteries. **Eligible spouses and dependents may be buried, even if they predecease the Veteran.**
 2. Burial in a Private Cemetery
 - Benefits available for Veterans buried in a **private cemetery** may include: a Government headstone; marker or medallion; a burial flag; and a **Presidential Memorial Certificate.**
- **Eligibility:**
 - 99% of Veterans will fall into 1 or 2 eligibility categories, eligible parties include:
 - Any member of the Armed Forces of the United States who **dies on active duty.**
 - Any Veteran who was discharged under conditions **other than dishonorable.**
 - In addition to these two categories, members of the **National Guard and Reserves** become eligible for burial benefits **after 20 years of service.**
- **Burial Allowances:**
 - Service Connected Death: VA will pay up to **\$2,000** toward burial expenses.
 - Non-Service Connected Death: VA will pay up to **\$734.00** toward burial expenses.
 - To apply, view the [Burial Allowances Factsheet](#).
- **Final Takeaways:** These are basic Veteran burial benefits and certain **exceptions can apply**. For more information, including factsheets, videos and applications, visit www.cem.va.gov.
- **Question and Answer Session**

- **Q:** Would a *member of the Reserves or National Guard who did not serve 20 years but **served in a war zone*** be eligible for burial benefits?
- **A:** Michael Nacincik: If he or she was deployed and fulfilled term, then he or she would be eligible for burial benefits.
- **Q:** *We have a patient who **did not complete basic training**, would he be eligible?*
- **A:** Michael Nacincik: If he was in basic training for **less than 180 days**, then typically would not be eligible for burial benefits.
- **Q:** *What about **state cemeteries**?*
- **A:** Michael Nacincik: The NCA works with state directors to build facilities and make sure that they are up to the same standards as the national cemeteries. Eligibility is largely the same although **some states have residency clauses** that require Veterans to have lived in the state for x number of years.

VA Hospice Benefit

Dr. Scott Shreve, VA Hospice & Palliative Care National Program Director

- Hospice and Palliative Care is part of the **VHA Standard Medical Benefits Package**, so all **enrolled** Veterans are eligible IF they meet the **clinical need** for the service.
- **Enrollment:** Veterans must be enrolled in the VA to receive this benefit. If the patient is not enrolled, then you will need the Veteran's **DD214** to begin the enrollment process. VA does not do retroactive billing, so you will need to contact VA as soon as possible to take advantage of this benefit.
- **Clinical need:** A VA physician will need to deem the Veteran appropriate for hospice care. It is **not a requirement** that a VA physician have a **face to face visit** with the Veteran; however, some VA Medical Centers ask for it. Please email Veterans@nhpco.org if you experience a face to face request and it becomes **burdensome** for the ill Veteran.
- **Who should pay?** It is the Veteran's **choice**. Every enrolled Veteran is eligible but they could **elect Medicare** as the payer source instead. There are benefits and challenges to each payer source:
 - VA is typically more involved in **changes in level of care** than Medicare is; hospice will need to contact the VA when changes occur.
 - The Secretary of VA has made it clear that he does not want any Veteran to have to receive **pro bono** care.
 - VA physicians could choose to be the **attending of record** but expectations should be clear that government employees don't work nights or weekends. The community hospice needs to know who their contact would be **after hours**.
 - VA's definition of "inpatient hospice care" is different from generalized inpatient (GIP) care under the Medicare Hospice Benefit. VA offers to support terminally ill enrolled Veterans requiring admission to a VA contract nursing home, as a result of their terminal illness, to have the nursing home care paid for by VA as part of the Veteran's hospice benefit. This is a substantial benefit for terminally ill Veterans who are no longer able to function in their own homes and require a nursing home level of care as a result of their terminal illness, generally without

a fixed limit on the length of stay as long as the need continues. Note, VA does not have the legislative authority to pay for assisted living or personal care per diems even if these are part of a hospice residence.

- **Where we want to be:** There are certain instances when Veterans could benefit from receiving their VA hospice benefit and Medicare benefits **concurrently**. For example a Veteran can receive an injection at VA to prevent fractures/bone pain but they could be potentially stepping on the toes of the community hospice caring for that Veteran.
 - We would like some **legislative relief** that would allow Veterans to receive their full Veteran benefits while **simultaneously** receiving the **Hospice Medicare Benefit**. This would prevent the perception of fraud and still allow Veterans to receive the care and benefits they are entitled to.
- **Question and Answer Session**
 - **Q:** *We having been dealing with the VA in Columbia, SC without positive results. There have been several instances when we have deemed a Veteran patient **eligible for hospice** and they say, well we need to see the patient face to face. We have then coordinated the **face to face** and after everything, the VA still says that they are not eligible and we end up providing the care for free.*
 - **A:** Dr. Shreve: I will speak with the regional program manager to see what we can do to **improve access** at that VA. Keep in mind that the Veteran isn't hospice eligible under the VA benefit, until the VA physician says so.
 - **Q:** *We have an inpatient facility and occasionally a Veteran wants to come on to our **hospice house** but we don't have a contract with VA because we have been told that the VA cannot contract with **inpatient hospice units**.*
 - **A:** Dr. Shreve: The issue here is that the VA was trying to make it easier to work with community partners through **provider agreements** as opposed to highly regulated contracts. Unfortunately this hit a snag and is currently in a holding pattern. The bottom line is that yes, the VA can work with facilities that they choose but VA is not permitted to purchase assisted living.
 - **Q:** *We had a patient in rural northern Michigan who was not enrolled in the VA so we got his **DD214** and began the process. The VA required him to drive **75 miles** for an initial face to face upon enrollment.*
 - **A:** Dr. Shreve: The need for a face to face is not official VA policy but it is also not explicitly written that it is not required. We are working to make this non-rule clearer so that **no undue burden is brought to the Veteran**. In the meantime, the home-based primary care team could remedy this by doing a home visit. I would ask to speak to the **palliative care program manager** when you see that a face to face would be burdensome.
 - **Q:** *When we try to have the VA approve a patient for hospice care, our Tampa VA has said no, you should go through Cape Coral and then they say no, go to Tampa. We don't know which facility to reach out to and we are having issues with doctors needing to see the patient before **approving for hospice**.*
 - **A:** Dr. Shreve: The Cape Coral clinic is more likely staffed with generalists so may not be capable of making the **hospice determination**. We want to make sure there is no undue burden to the Veteran but it is appropriate for the VA doctor

to ask to see the patient. Talk to the regional palliative care program manager, Lauren Olstad, about whether or not this constitutes **undue burden** and how you can improve access to this facility.

VA Collaboration, What's Working?

Gwynn Sullivan, NHPCO Director of Access

For this section we want to hear stories of **successful collaborations** with your local VA facilities.

Success Stories shared by WHV Partners:

- We have an **80 year old Veteran** who comes to our facility to greet patients. One day I asked him if he'd like to participate in our **No Veteran Dies Alone** program. Bob said that he would love to volunteer but that he could only stay for a couple of hours. We looked up and Bob was still here after two hours, and then through lunch and then through dinner and he didn't end up leaving until **11 p.m.** I spoke to him the next morning and he pulled me aside and told me how **grateful** he was to have **spent the night with a dying Veteran**; he also shared that it was the first time he was able to sleep through the night since his **wife died two years prior**.
- We have an active **Hospice-Veteran Partnership** with the **Central Valley VA** in California. A wonderful VA nurse led our group for a long time but after she retired, a VA social worker took us on and helped us to maintain our **quarterly calls**. We have a helpful **factsheet** which contains numbers for various VA personnel and when we meet, we discuss each other's needs and how to meet them. One small example is that we now know how important it is to **notify VA** at the **time of death** so that they can remove that Veteran from their **robo-call** system and make a note to call the family and extend **condolences**.
- We have a **great relationship** with the VA and have had luck with getting patients approved for services. My only concern is that not everyone within the VA is aware of the **skilled nursing benefit**. We will tell a family that this benefit exists but when they call the VA, the family is told that the benefit doesn't exist. We then have to calm down the family, get a hold of the correct individual at VA and get everything sorted out.
- The **Ohio Hospice-Veteran Partnership** has been in existence for 10 years and is co-led by Kathy Hayes from VA and Susan Figula from Stein Hospice. We meet monthly and have between **30-40 hospices** join us. There is incredible interest in moving people through the Levels and our **Level Four Partners** act as **mentors**.
- We are part of a bi-state Hospice-Veteran Partnership which includes hospices from Mississippi and Louisiana. We have a lot of folks represented on these calls and we get wonderful examples of how to **work with** and **communicate** with the VA.

Moments of Life: Made Possible by Hospice

Alex Caruso, NHPCO Office of Strategic Communications

NHPCO is launching a new **national media campaign** to educate our nation on the **encouraging truths** about hospice care. We want to **film** vivid, emotionally powerful moments that **demonstrate** what patients currently on **hospice care** genuinely experience. We already have wonderful footage from a **wedding** ceremony at a hospice as well as footage from a Veteran going on **Honor Flight**.

- NHPCO needs help from your hospice to identify, videotape and submit stories. If you are interested in learning more and receiving an **NHPCO Moments of Life Playbook**, email acaruso@nhpco.org.

Updates from We Honor Veterans

Rebecca Trout, NHPCO Coordinator of Access

- WHV currently has over **2,200** Hospice Partners and over 100 **Level Four** Partners.
 - Common themes amongst the Level Four Partners are our four best practices: use of the military history checklist; participation in a Hospice-Veteran Partnership; existence of a Veteran-to-Veteran volunteer program; utilization of the FEHC-V survey.
- WHV also welcomes our new **Community Partners**. WHV has recently expanded the program to include **non-hospice providers** such as funeral homes, nursing homes, palliative care providers, skilled nursing facilities and many **more**. Our current Community Partners include: **Founding** Community Partner, **Dignity Memorial**; Extendicare and Genesis HealthCare. Between the three, there are now **845** WHV Community Partners in addition to WHV Hospice Partners.
- WHV is in the **design phase** of an updated **website**. The new website will feature a new look and increased functionality in the form of **online reporting**. We hope to have this completed within the next three months and will give you more details at our next Partner Networking call.