September 1, 2022

Dear Hospice Partners:

Hello from the Indianapolis Palliative Care Team! Here at the Richard L. Roudebush VA Medical Center we strive to provide the absolute best care possible to our Veterans. Veterans have experiences that result in unique needs at the end of life. We hope to improve access to VA resources and services for Veterans and their families during this difficult time.

Enclosed are resources to assist you as you provide hospice care to our nation’s heroes and their families. These resources are a combination of information from the Indianapolis VA Medical Center Palliative Care Department, Veterans Health Administration, Veterans Benefits Administration and the National Cemetery Administration. The We Honor Veterans program is a collaboration of the National Hospice and Palliative Care Organization (NHPCO) and the Department of Veterans Affairs that also provides resources and training to our hospice partners.

Included in this mailing you will find the following Richard L. Roudebush VA Medical Center Specific Resources:

- Roudebush VAMC Partnering with Hospice Agencies
- How to access Tele-mental Health Care for Veterans on Hospice
- Palliative Care Fact Sheet for Hospice Partners
- FAQ for Hospice Social Workers
- End of Life Contracts from the Palliative Care Service
- Special Considerations for Veterans Being Referred for Hospice Services
- Caregiver Support Program Information
- Veteran Service Organizations + County Veteran Service Officers
- National We Honor Veterans Information Sheet

Samples of the following are also included:

- National Cemetery Administration Brochures
- Planning Your Legacy: VA Survivors and Burial Benefits Kit
- VA Survivor and Burial Benefit Services Benefit Quick Series Booklets
- Hospice Care for Veterans Brochure
If you are interested in receiving additional hard copies of the above resources, please contact our Palliative care Coordinator, Liz Davis, LCSW office#317-988-3665 or by email: Elizabeth.Davis7@va.gov. We will supply additional copies as long as supplies last.

We are also including a sample of a **Remembrance Medallion**. Remembrance Medallions mark the specialness of a Veteran’s service as their time with us comes to an end. They are intended to be provided to family members as a reminder of their loved one and statement of our appreciation for their service. If you notify our Palliative Care office of a Veteran’s passing, we will send their loved one a Remembrance Medallion and sympathy card on behalf of the VA Medical Center. They do not need to be enrolled in VHA Health Care to receive a Remembrance Medallion.

Our local chapter of **We Honor Veterans** is called **Hospice Veteran Partnership of Indiana** and our website is: [https://www.hvpi.us/](https://www.hvpi.us/) You can find electronic copies of all the above resources on our website. All hospice agencies in Indiana are welcome to join us! We also hold quarterly virtual educational events.

*Veterans enrolled in the Veteran’s Health Administration (VHA) system are eligible for VHA services at no cost to them while enrolled in hospice (including mental health and in home respite/HHA services). Veterans that have never enrolled in VA Healthcare or have previously been denied due to income limits should speak with our Palliative Care Coordinator to ascertain steps for eligibility now that they are on hospice services.*

We look forward to working with you,

The Indianapolis Palliative Care Team  
Richard L. Roudebush VA Medical Center  
1481 W 10th St.  
Indianapolis, IN 46202  
Office#317-988-9424
Roudebush Medical Center Partnering with Hospice Agencies

The VA Mission is to fulfill President Lincoln’s promise - "To care for him who shall have borne the battle and for his widow, and his orphan" - by serving and honoring the men and women who are America’s Veterans.

The nature of this commitment includes the Veteran’s health and functional capacity throughout the continuum of life from wellbeing to death.

As Veterans near the end of their journey, we require partners in the community to fulfill that promise. This handout will clarify the roles and expectations found in that partnership.

I. Availability of VA Services to Hospice Patient
   a. While receiving hospice services, Veterans remain eligible for the services and benefits of the VA.
   b. Veterans are eligible to return or continue to be seen in the VA while under hospice care for clinically appropriate interventions aligned with the hospice philosophy.
   c. Veterans are eligible to receive concurrent palliative interventions, which may include:
      i. Chemotherapy
      ii. Surgery
      iii. Radiation
   d. Community hospice agencies will not be billed for any care received at the RLRVAMC.

II. Role of the Palliative Care Service and RN Nurse Navigator
   a. Coordination of hospice services —
      i. Provide and facilitate clinical oversight to Veterans who are enrolled with the Palliative Care Service at the RLRVAMC.
      ii. Process, coordinate, and oversee new referrals for hospice services (inpatient or outpatient) in the community.
      iii. Submit fiscal authorization request for VA paid hospice as appropriate.
   b. Referrals will be
      i. Sent from RLRVAMC Palliative Care Service office directly to the community hospice agencies.
      ii. Each referral will include:
          1. Hospice orders
          2. Relevant clinical notes
          3. Most recent documented medication list

Please direct clarifying referral questions to the nurse navigator at 317-988-9016.
III. Physician Signatures and Attending of Record

Hospice orders from VA medical providers are electronically signed primarily by physicians on the palliative care team but may also come from physicians in the various clinics at the RLRVAMC. Nonetheless, the referrals from the Palliative Care Team will be initiated from the Palliative Care Office by the Nurse Navigator. All VA referrals will be submitted with a hospice order that also specifies that the Palliative Care Physician be designated as the attending of record. As the attending of record, we require all recertification notes be faxed to our Dept. at appropriate recertification intervals.

The care plan is still controlled by the hospice agency team, not by the VA physician. **NOTE: Since the care plan is controlled and implemented by the hospice agency team and not by the VA physician, the hospice care is not subject to a Joint Commission on the Accreditation of Healthcare Organizations (JCAHO) survey as part of the VA facility JCAHO accreditation process.**

The hospice agency controls the care plan, communicates with the VA primary care physician regarding status and changes, and contacts the VA primary care physician when a change in care plan occurs or when physician involvement is required. **NOTE: In those instances in which the VA primary care physician cannot be reached or is unable to provide the needed physician service, the hospice medical director serves as back-up physician.**

When physician action is required that is beyond the oversight responsibility of the hospice medical director or attending of record, such as making a home visit, VA has the option to directly provide that physician service or to request the necessary physician services through the covering hospice agency.

IV. Medical Management

The RLRVAMC relies on the Hospice Medical Director and team to manage pain and other symptoms related to the Veterans’ terminal illness. This includes prescribing opiates, if indicated. To prevent duplication of services and associated risks, Veterans must receive opiates from just one source. This will be the hospice agency.

Veterans may keep their VA primary care doctors, mental health team (where applicable), and other specialists depending on their goals of care. Medications unrelated to the hospice diagnosis may be provided by the VA. The Hospice agency will not be billed for any services provided at the RLRVAMC.
V. Medicare or VA Pay?

Veterans referred to hospice from VA providers can choose to use their Medicare benefit, their VA benefit, or their private insurance to pay for hospice. It is the Veteran’s choice. There is no primary/secondary relationship between VA and Medicare.

Veterans who choose Medicare do not lose their eligibility for VA care. Veterans who are cared for by the VA but elect Medicare or their private insurance as their hospice payor source, may still be clinically followed by the VA, and we expect to remain informed if the Veteran’s status changes, especially in the event of death or hospice revocation.

VI. VA payment for hospice services.

The VA hospice benefit is similar to the Medicare benefit, paying for a bundled package of services on a per diem basis. VA may also pay for inpatient, continuous, and respite care. Changes in level of care must be cleared by the Palliative Care Team. Please contact the Palliative Care Team with supporting clinical information if a Veteran requires a change in care to assure proper reimbursement.

After you receive the initial referral for hospice care with VA as the payor source, it can take several days for authorization to be completed.

VII. Accessing VA Pay for Room and Board

As clinical needs change, the Veteran may require a higher level of care, and may qualify for room and board in an extended care facility. Some Veterans have a service connection rating that makes them eligible for nursing facility coverage by the VA. If not, the Veteran may be eligible for a VA End of Life (EOL) contract. Eligibility for a VA EOL contract is dependent on the Veteran being in the last short weeks or months of life and willing to accept placement in a VA contracted facility. If the veteran has not been seen recently by an RLRVAMC provider, they will need to have an appointment scheduled with one of our VA palliative care providers. This appointment can take place in our outpatient clinic or it can be done via video conference. Please contact our Palliative Care Nurse Navigator to discuss room and board eligibility for any Veteran who needs this benefit. 317-988-9016
VIII. What the Hospice Provides

As with non-Veteran patients, the hospice must supply the care for the terminally ill Veteran. This includes nursing care, aides, therapy towards comfort, and supplies. Veterans are not an exception to this rule. Although, in some instances, additional VA aides or services may be in the home, these additional services will not replace expected hospice services. Hospice must provide aide visits to the Veteran at the same level it would provide for any non-Veteran in the same condition. The VA pays for respite hours in certain circumstances and these services are not expected to replace hospice aide visits. We anticipate that the Veterans will be given the maximum services from our hospice providers.

The most recent documented medication list is sent with each referral. We ask that the hospice nurse check the Veteran’s home medication against that list, including both VA and hospice covered medications. The VA relies on the hospice nurse to educate the Veteran about which medications and supplies the Veteran will start receiving from the hospice instead of the VA. If a particular medication is not related to the Veteran’s hospice diagnosis, the VA may continue to provide it.

IX. Referrals From the VA

The Veteran and family will always be given the opportunity to choose their hospice provider. Those wishes will be honored unless the Veteran’s location and or payor source preclude the referral. For families and Veterans who have no hospice provider preference we will attempt to provide referrals to top performing hospices with geographic access to the Veteran. The following characteristics are consistently found in high performing hospices.

1. Participation in the “We Honor Veterans” program. There are currently 5 levels.

2. Timely delivery of the hospice plan of care and medication list for newly admitted Veterans showing medications being covered by the hospice. All documents may be faxed to 317-988-5648. These documents are typically received by our office within 2 business days of admission.

3. Timely notification of each Veteran’s death. This notice is made the same day as the Veteran’s passing. All deaths are reported to the VA Palliative Care Office at 317-988-9424. If the Veteran’s death occurs after hours, on a weekend, or holiday, the Hospice calls the Palliative Care Office and leaves a HIPPA appropriate message that one of our Veterans under their care has passed.

4. Timely notification of emergency department use and/or admission to the VA or an outside hospital. Top performing hospices always seek to intervene to prevent visits to the ED and
rehospitalization. If the Veteran presents to the ED for symptom management after calling
the hospice for assistance and no interventions are provided by the hospice, that is viewed
as a service failure. Repeated presentation to the ED for symptom management, with or
without hospice notification, is viewed as a service failure. If poor symptom management
cannot be resolved, the Veteran could be informed of their right to revoke hospice
services from their current provider and another hospice provider could be referred at the
Veteran’s election.

5. Effective initiation of the Medicare guidelines of participation including regular Home Health
Aide and weekly RN visits. Additionally, it is expected that the Veteran will have 24/7/365
access to nursing interventions and physician oversight to manage symptoms.

Please note that the daily responsibilities of the RLRVAMC palliative care office preclude unannounced
drop in visits by hospice representatives. If you are in the building visiting a Veteran that has been
referred to you, you are welcome to stop by the office for additional documents or to address remaining
questions related to the referral. If you have promotional materials that you wish to present for review,
you may mail it to:

Richard L. Roudebush VA Medical Center
1481 W. 10th St. (111)
Indianapolis, IN 46202

Attn: Palliative Care Nurse Navigator.
Indianapolis VA Medical Center

Tele-mental Health Care for Veterans on Hospice

The VA, through the Build Community Connections grant, is providing a new opportunity for Veterans on hospice. For Veterans experiencing symptoms that can be helped by mental health interventions, we are increasing access to VA tele-mental health.

This service is intended to be a supportive collaboration with hospice agencies when Veterans’ mental health may be difficult to manage at the end of life. Below is a list of referral examples however this list is not exhaustive.

VA mental health services are eligible to all Veterans on hospice, regardless of their payer source for hospice. If a Veteran is enrolled in VA mental health services they can also choose to continue with their current VA therapist/MH provider when they enroll in hospice.

Examples of Referral Problems:

1. Anxiety related to military experiences or end of life
2. Distressful verbal communications
3. Distressful dreams or images that are upsetting to the Veteran
4. Expressions of remorse from service-related experiences
5. Requests for forgiveness from service-related experiences
6. Difficulty with adjustment to death or acceptance of death
7. PTSD

How to Refer:

Before calling our office please ensure the following:

1. Veteran is currently enrolled in hospice
2. The Veteran is agreeable to tele-mental health services
3. The Veteran is enrolled in the Veteran’s Health Administration (VHA) or wants to enroll.
4. The Veteran has video capable device (smart phone, laptop, tablet or desktop)
5. The Veteran has a cell phone # and email address that can be used to set up the virtual appointments.

***For assistance with enrollment or requesting a VA loaner device see next page***

If all of the above are in place, please call our Palliative Care Coordinator at 317-988-9424 to initiate a mental health referral
If Veteran Needs Video Capable Device for Therapy:

If your Veteran meets all the above criteria and does not have access to a video capable device contact our office and ask for the Palliative Care Coordinator to help determine if the Veteran is eligible for the VA loaner device program.

Veteran’s Health Administration (VHA) Enrollment:

Send the following 2 documents to the Indianapolis VHA Health Benefits/Enrollment office at fax#317-988-5427:

2. DD 214 (Military Discharge paperwork): https://www.archives.gov/veterans/military-service-records

If you need assistance, call Indianapolis VA Medical Center Health Benefits office #317-988-4310 or the national VA Health Benefits office at 1-877-222-VETS (8387)
Indianapolis VA Palliative Care Fact Sheet for Hospice Partners

Veteran Health Indiana

Richard L. Roudebush VA Medical Center:
1481 W. 10th Street, Indianapolis, IN 46202. #317-554-0000
https://www.va.gov/directory/guide/facility.asp?id=62

Indianapolis VA Palliative Care Team Office Phone #317-988-9424; Fax #317-988-5648

After hours: Message can be left call will be returned the next business day.

Chief of Palliative Medicine: Wendy Siemion, MD
Palliative Care Coordinator: Liz Davis, LCSW
Elizabeth.Davis7@va.gov
Phone# 317-988-3665

Brief description of palliative program:
- Inpatient consultation
- Outpatient clinic (by video, phone or in person)
- Outpatient Advance Care Planning Clinic (by video, phone or in person)
- Team includes:
  - Chief MD, 2 MDs, 3 NPs, 1 CNS, Chaplain, Pharmacist, Psychologist, Nurse Navigator, Inpatient Social Work, Social Work Coordinator

Call our office to check eligibility for:
- Home health aide services
- In-home vs. inpatient respite
- Evaluation for end-of-life VA paid nursing home contracts
- Evaluation for VA paid hospice
- End of life Mental Health support for ALL Veterans on hospice service and their caregivers
  ***call only if Veteran has affirmed interest in such services***

Death notification request:
When a Veteran on your service passes away, please call our office within 24 hours of Veterans passing with full name, last 4 of SSN, location of Veteran when he/she passed and date of death.

Updated 7/28/2022
IN-HOME CARE: Can the VA help with caregiving needs in the home when a Veteran is on home hospice?

If a Veteran is enrolled in Veterans Healthcare Administration (VHA) and has a current primary care doctor they could be eligible for:

- **VA paid Home Health Aide (HHA)** program provides brief, intermittent visits by a community home health agency. Each visit requires a need for hands-on personal hygiene assistance. Hospice must first be providing the maximum number of aide visits possible.

**AND/OR**

- **VA paid in-home respite** by a community home health agency. Must have an identified caregiver in the home in need of respite services and meet VA respite care criteria. Inpatient respite may also be utilized in a VA Contract Nursing Home.

Number of hours provided for HHA and in-home respite are determined with your VA social worker completing a level of need assessment.

**TO REQUEST:** Hospice Social Worker should contact the VA Palliative Care Office at 317-988-9424 to identify the primary care social worker who can help access the above services. The hospice social worker needs to be able to identify which service is requested and to report the maximum number of hospice aide visits being provided and identify each ADL and IADL need for the patient. The VA Social Worker will enter the appropriate consult for the hospice patient’s PCP to sign. Once signed, the VA Community Care Referral Nurse Case Manager receives the consult and begins process to find a local agency that can accept the case. Time line for the start of services is dependent on service and agency staffing.

*If a Veteran is NOT enrolled in VHA see the end of this document for enrollment information

**INPATIENT CARE:** The Veteran can no longer remain at home due to caregiving needs. What can the VA do to help?

- **Please refer to the following attached documents:** “End of Life Contracts from RLR VAMC Palliative Care Service” for family and staff

- **Inpatient respite** – Veterans can receive up to 30 days per calendar year of inpatient respite at a VA Contracted Nursing Home. This is in addition to HHA/in-home respite being provided and in addition to hospice respite benefits.

Updated on 9/1/2022 by Liz Davis, LCSW Palliative Care Coordinator.
• **VA Medical Foster Home (MFH):** The Veteran privately pays for care in a private home or a home-like setting in the community. The cost is based on income and level of care needs. Eligible Veterans for VBA benefits like Aid & Attendance get expedited claim processing to help cover the cost. Contact the Medical Foster Home Coordinator Michelle Brown, LCSW at 317-988-1853 for more information.

**FINANCIAL ASSISTANCE:** *Can the VA help pay for private-paid care in the home or an Assisted Living Facility? What about help with basic needs, like rent or utilities, or indigent burial assistance?*

• **VBA PENSION:** Veterans that served during a Wartime period that meet clinical and financial criteria may want to apply for a Pension or Special Improved Pension (Housebound or Aid & Attendance benefits). Refer Veteran to local county Veteran Service Officer for assistance determining eligibility and/or filing claim (if filing for Housebound or Aid & Attendance, the Hospice Social Worker should assist by having the Hospice Physician complete VA form 21-2680).

• **VBA SERVICE-CONNECTED DISABILITY COMPENSATION:** Veterans that believe that a disability, disease or injury was incurred or aggravated during active military service and wishes to file a claim for Service-Connection Disability Compensation (particularly Veterans with ALS and Vietnam Veterans exposed to Agent Orange). Refer Veteran to local county Veteran Service Officer for assistance determining eligibility and/or filing claim.

• **VA Financial Hardship Assistance:** Refer Veteran to local county Veteran Service Officer if the Veteran is struggling to pay VA debt or pay VA copays for appointments or medications.

**BURIAL ASSISTANCE:** *Will the VA pay for the funeral?*

• The VA does not pay for preparation of the body. Some Veterans are eligible for a Burial Allowance that is a reimbursement for those expenses. Indigent families should contact the local county Veteran Service Officer for Indigent Burial Fund eligibility inquiries.

• Most Veterans are eligible for burial in a VA Cemetery. Call the National Cemetery Administration Eligibility and Scheduling Office at 1-800-535-1117 for details.

• Most Veterans are eligible to receive a headstone, burial flag and more when buried in a private cemetery. The Funeral Home Director should know how to access these benefits. Visit [www.cem.va.gov](http://www.cem.va.gov) for details.
Veteran County Service Officers: How do I find my local VCSO?

- [https://www.in.gov/dva/locate-your-cvso/](https://www.in.gov/dva/locate-your-cvso/)

VHA Enrollment: How does a Veteran enroll in VHA?

- Send the following 2 documents to the VHA Health Benefits/Enrollment office at fax#317-988-5427:
  2. DD 214 (Military Discharge paperwork): [https://www.archives.gov/veterans/military-service-records](https://www.archives.gov/veterans/military-service-records)
- Call Indianapolis VA Health Benefits office for questions#317-988-4310 or the national VA Health Benefits office at 1-877-222-VETS (8387)
End of Life Contracts from RLR VAMC Palliative Care Service

When Veterans are in the last short months to weeks of their life, enrolled in hospice, and have no other payor source for nursing home room and board, it is possible they may qualify for End of Life Benefits from the VA. The End of Life Benefit provides payment for room and board to VA Contracted Nursing Homes. The following steps are required for evaluation of eligibility.

1. The hospice agency needs to call the Palliative Care nurse navigator and request End of Life evaluation and confirm that Veteran/family want permanent long term placement on desired transfer date. Hospitals and Extended Care Facilities asking for End of Life evaluation will need to get a hospice agency involved to initiate this process.

2. The hospice agency will fax diagnosis specific documentation of hospice eligibility to the Palliative Care Dept. with Attn: to the nurse navigator at least 24 hours in advance of anticipated evaluation. Evaluations are performed during normal office hours through the week. The required documents for evaluation will include the original documents the hospice used to qualify the Veteran for eligibility. These would state a specific Medicare approved hospice diagnosis with evidence of disease progression. The medical director’s most recent CTI. The two most recent nurse visits. Additionally, the certification period the Veteran is in needs to be identified.

3. Once documentation is received the nurse navigator will review and provide an overview for the Palliative Care provider performing the evaluation.

4. If documentation supports EOL eligibility, nurse navigator will place an Outpatient Palliative Care Consult for EOL evaluation and request Medical Support Assistant to set up Video Visit or in person evaluation.

5. Palliative Care provider will perform evaluation and determine eligibility.

6. If eligible, hospice agency will arrange for placement of Veteran at CNH and notify Palliative Care Dept. of facility and start of care date.

7. Provider or nurse navigator will enter EOL consult for VA Pay for room and board at CNH commensurate with reported start of care date.

8. If at the time of request for EOL evaluation, the Veteran does not have a hospice designation in the electronic medical record the nurse navigator will enter one.

Palliative Care Main Ph: 317-988-9424  
Nurse Navigator Ph: 317-988-9016  
Fax: 317-988-5648

Updated By Dr. Wendy Siemion on 2/17/22
Special Considerations for Veterans Being Referred for Hospice Care

VA Pay for Hospice Services

When a Veteran has no other insurance or elects to have hospice reimbursement paid by the VA, the VA will initiate a VA Pay Authorization request coinciding with the date of start of care. The Request for VA Pay Authorization is sent to the Community Based Extended Care Dept. and they are generally able to initiate the process within the next business day. The Office of Community Care generates the authorization number in the following days. The authorization number is then faxed to the hospice provider. Periodic reauthorization may be required with patient longevity.

Per VHA Handbook 1140.3: VA uses locally calculated, Medicare hospice payment rates as the maximum reimbursement rates to purchase a comprehensive package of bundled home hospice services. The appropriate geographic wage index is applied to the national Medicare hospice home care or hospice inpatient care rates to determine the maximum rate.

Ongoing Therapies for Veterans Receiving Hospice Care

Unlike non-Veteran hospice patients, Veterans may continue to receive therapies deemed appropriate by their VA provider at no cost to the hospice. This is most commonly found in the care of Veterans receiving treatment through Heme/Onc. **Ongoing treatment approved by the VA and administered at the VA does not impact hospice eligibility.** VA hospice patients are expected to receive symptom management in the home or ECF to avoid ED visits and hospital admission just like non-Veteran patients.

Notification of Admission/ Discharge

When the Veteran has been admitted/ discharged to/ from hospice services, there needs to be same day notification of the Veteran’s new status. This notification can be left on the Palliative Care Nurse Navigator’s phone.

Notification of Veteran’s Death

The Veteran’s death needs to be called in same day to Palliative Care. After hours deaths may be recorded on the secure main office line.
Documents Upon Admission

Once the Veteran has been admitted, the initial plan of care showing which disciplines are involved and their frequency of visits and medication list showing which medications are being covered by the hospice, needs to be faxed to Palliative Care with in one week of admission.

Palliative Care Phone Directory

Main Office: 317-988-9424
Nurse Navigator: 317-988-9016
Fax: 317-988-5648
Physician Ph: 206-913-7275

All of the phone numbers are secured and messages with patient information may be left

Updated by Dr. Siemion on 5/3/22
Caregiver Support Program

The mission of the Caregiver Support Program is to promote the health and well-being of family caregivers who care for our nation’s Veterans, through education, resources, support, and services.

There are two segments within the Caregiver Support Program:

**Program of General Caregiver Support Services (PGCSS)** - Serves Caregivers of enrolled Veterans, from all eras

**Program of Comprehensive Assistance for Family Caregivers (PCAFC)** - Serves Caregivers of eligible Veterans; criteria noted below

Services for the Program of General Caregiver Support Services (PGCSS) enrolled participants include the following:

- Training & Education: Building Better Caregivers; Resources for Enhancing All Caregivers Health (REACH); Self-care courses
- Caregiver Support Line
- On-going case management
- Peer Support Mentoring
- Caregiver Support Program website
- Diagnostic-specific programs for caregivers (counseling, MH services, etc.)
- Respite services, up to 30 days per year
- Assistance in navigating VA services, including those available as part of the Veteran’s healthcare and benefit

Contact CSP staff (317-988-3627) to enroll; no formal application needed!

The Program of Comprehensive Assistance for Family Caregivers (PCAFC) serves caregivers of eligible Veterans who have a single or combined service-connected disability rating by the VA of 70% or more. This requirement would be included in the definition of “serious injury.” The Veteran is in need of personal care services (requiring in-person personal care services) for a minimum of six continuous months. The Veteran is unable to perform activities of daily living (ADLs) and is in need of supervision, protection, or instruction.

Application for PCAFC:
1) Apply on-line (fastest): [www.caregiver.va.gov](http://www.caregiver.va.gov)
2) A consult can be entered: CAREGIVER SUPPORT PROGRAM OUTPT
3) The Veteran/Caregiver can contact the CSP main line at 317-988-3627; we will mail hard copy application, along with an informational packet
From the time an application is received, there is a 90-day timeline in which the CSP staff complete several assessments on both the Veteran and Caregiver. Eligibility is determined by a VISN Centralized Eligibility & Appeals Team (CEAT).

Services for PCAFC eligible participants include the following:

- Training & Education: Building Better Caregivers; Resources for Enhancing All Caregivers Health (REACH); Self-care courses
- Caregiver Support Line
- On-going case management, wellness visits every 120 days
- Peer Support Mentoring
- Caregiver Support Program website
- Diagnostic-specific programs for caregivers (counseling, MH services, etc.)
- Respite services, up to 30 days per year
- Assistance in navigating VA services, including those available as part of the Veteran’s healthcare and benefit
- Monthly stipend
- Access to CHAMPVA if eligible
- Beneficiary travel, if eligible

Caregiver Support Program Staff:

Stephanie Doran, LCSW, PGCSS Coordinator
Erica McCutcheon, LSW, Program Social Worker
Kyle Myers, LCSW, PCAFC Coordinator
Pamela Nubong, RN, Assessor

Holly Pittman, LCSW, Wellness Social Worker
Beth Trinkel, LCSW, PCAFC Coordinator
Katie Sisk, RN, Assessor
Marlene Sweet, LCSW, Program Manager

CSP main phone: X83627
CSP national website: www.caregiver.va.gov
GETTING ASSISTANCE WITH VA BENEFIT APPLICATIONS

Any of the below organizations/locations can help Veterans, current Service Members and Families apply for VA Disability Compensation, VA Pension, Aid and Attendance, End of life/burial/Survivor Benefits and all other VBA applications.

County Veteran Service Officers

Find your local CVSO at: https://www.in.gov/dva/locate-your-cvso/

Veterans Benefits Administration

Indianapolis VA Regional Office
575 N Pennsylvania Street,
Indianapolis, IN 46204
Walk-Ins and Scheduled Appointments
National Call Center: 1-800-827-1000
Indianapolis Public Contact: 317-916-3736
Request virtual or in-person appt: https://vets.force.com/VAVERA/s/

Veterans Service Organizations

- American Legion, 317-916-3605
- AMVETS, 317-916-3612
- Disabled American Veterans, 317-916-3615
- Paralyzed Veterans, 317-916-3626
- Veterans of Foreign Wars, 317-916-3629
*These 5 organizations are also located in the 575 N Pennsylvania St. Indianapolis federal building.

Indiana Department of Veterans Affairs Veterans Service Center

777 N Meridian Street
Indianapolis, IN 46204
Walk-Ins and Schedule Appointments
#317-232-3910
VA Hospital Locations

Roudebush VA Medical Center ***Currently pending available space as of 7/14/22***
1481 W 10th St. Indianapolis, IN 46202
*ask for VBA rep at information desk. No phone #.
Walk-Ins and Schedule Appointments
To request an appointment: https://vets.force.com/VAVERA/s/

Marion VA Medical Center
1700 E 38th Street
Marion, IN 46953
*ask for VBA rep at information desk. No phone #.
Walk-Ins and Schedule Appointments (Wednesday and Thursday)
To request an appointment: https://vets.force.com/VAVERA/s/

Fort Wayne VA Medical Center
2121 Lake Ave
Fort Wayne, IN 46805
*ask for VBA rep at information desk. No phone #.
Walk-Ins and Schedule Appointments (Monday, Tuesday, and Friday)
To request an appointment: https://vets.force.com/VAVERA/s/
Hospice-Veteran Partnerships

“Ensuring Excellent Care for our Nation’s Veterans”

Hospice-Veteran Partnerships (HVPs) are coalitions of Department of Veterans Affairs (VA) facilities, community hospices, end-of-life care or community organizations and others working together to ensure that excellent care at the end of life is available for our nation’s Veterans and that support is available for their families. These partnerships can be community based or statewide and may function independently or within an existing structure.

Why HVP?
- More than 1,800 Veterans die every day in this country, with only a small percentage of those deaths occurring in VA facilities.
- Many Veterans may not know about, or have access to, hospice and palliative care.
- Many hospices may not know which patients are Veterans and what end-of-life issues which are specific to Veterans may arise.

What is HVP?
- Multiple hospices and palliative care providers form partnerships with VA facilities and programs.
- These Hospice-Veteran Partnerships (HVPs) work together to improve end-of-life care for Veterans.
- Hospice staff and VA staff provide information to each other about what services they provide and who is eligible for care, and how to resolve issues related to referral and reimbursement.
- They provide each other with formal education and resources about their specific knowledge and skills.
- They may also provide joint community education programs or speakers to raise the level of awareness of Veterans’ end-of-life care issues.

Why partner with other hospices?
- Given that the ration of VA facilities to hospice agencies is about 1:32, most community hospices and VA HPC staff do not have one-on-one relationships with each other.
- HVPs offer the most efficient and effective way to serve Veterans and meet their needs at the end of life.
- Having established relationships through HVPs increases Veterans access to hospice and palliative care services.
- HVPs facilitate communication, collaboration and coordination of care and benefits for Veterans across VA and community care settings.

What activities do HVPs do?
- Conducting assessments to determine Veterans’ needs in the community.
- Sharing information with Veterans’ groups about advance care planning, available resources, and care options.
- Holding events to educate hospice providers and VA facilities about opportunities for partnership.
- Establishing networks of mentors and experts to assist hospices and VA facilities with staff and program development.
- Developing speakers’ bureaus for outreach activities to Veterans service organizations, community agencies, and VA facilities.
- Educating community agencies about Veterans’ issues and benefits.
- Holding town meetings for Veterans and their caregivers.

For more information about Hospice-Veteran Partnerships contact veterans@nhpco.org