

Veterans Healthcare Administration Caregiver Support Program Overview

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Program of General Caregiver Support Services Coordinator

VA Maryland Health Care System (VAMHCS)



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Veterans Health Administration
VA Maryland Health Care System



VA Caregiver Support Line
1-855-260-3274 (toll-free)
Monday-Friday, 8 a.m.-10 p.m. ET
Saturday, 8 a.m.-5 p.m. ET

www.maryland.va.gov
www.caregiver.va.gov

Reminders

- This presentation provides general information about services and supports available through the VA Maryland Health Care System (VAMHCS)
- Available services and eligibility criteria may vary by VA system and are subject to change.
- We encourage questions throughout this presentation, please be mindful to not share any protected information including individuals' names



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Learning Objectives

- Identify the main components of VA Health Care and how to access services
- Compare the care needs of Veterans to their non-Veteran peers
- Identify key characteristics of Veteran and Veteran Caregiver Populations
- List resources available to help meet the needs of Caregivers engaged in the VA Caregiver Support Program

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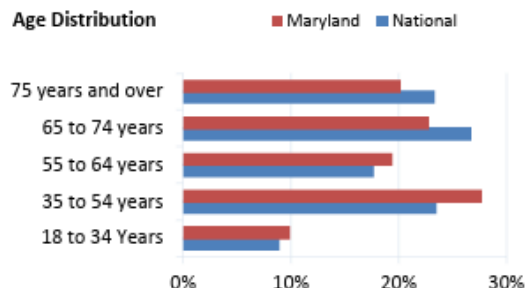
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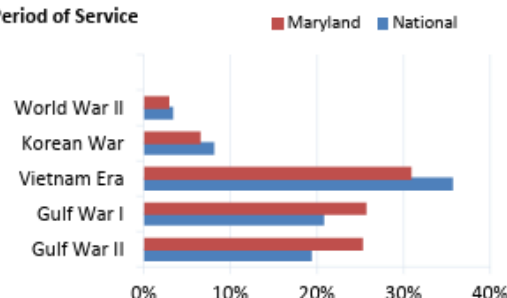
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Veteran Population (as of 9/30/2017)	Maryland	National
Number of Veterans	389,640	19,998,799
Percent of Adult Population that are Veterans	8.87%	6.60%
Number of Women Veterans	51,974	1,882,848
Percent of Women Veterans	13.34%	9.41%
Number of Military Retirees	55,417	2,156,647
Percent of Veterans that are Military Retirees	14.22%	10.78%
Number of Veterans Age 65 and Over	164,482	9,410,179
Percent of Veterans Age 65 and Over	42.21%	47.05%

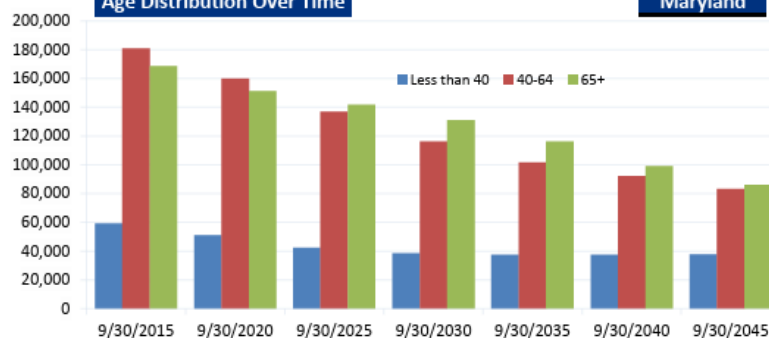
Age Distribution



Period of Service



Age Distribution Over Time



National Center for Veterans Analysis and Statistics, Contact:
www.va.gov/vetdata Sources: VA Veteran Population Projection
 Model, VA Geographic Distribution of Expenditures, VA Annual
 Benefits Report, U.S. Census Bureau, American Community Survey



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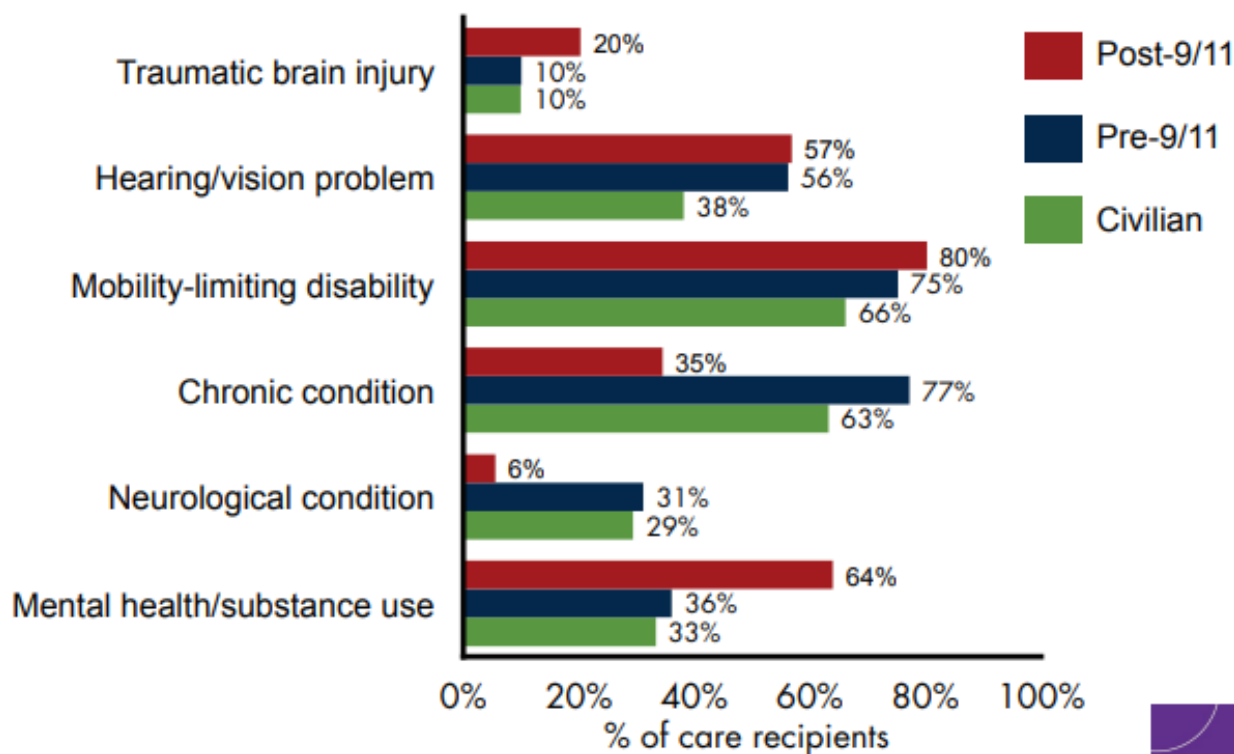


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Military and Veteran Population

Medical conditions of care recipients in the United States



Source: National survey of caregivers of adults in the U.S., with findings presented in Ramchand R, Tanielian T, et al., *Hidden Heroes: America's Military Caregivers*, RAND Corporation, 2014 (available at www.rand.org/military-caregivers).



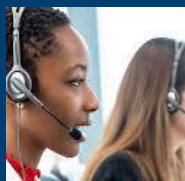
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Military and Veteran Population

Table 5

Age-adjusted comparisons for all dependent variables for all years by Veteran and non-Veteran status.

	Obesity		Diabetes		Mental Health		Heart Disease		Stroke		Skin Cancer		Cancer		COPD		Arthritis		Kidney Disease	
Year *	Non-Vet	Vet	Non-Vet	Vet	Non-Vet	Vet	Non-Vet	Vet	Non-Vet	Vet	Non-Vet	Vet	Non-Vet	Vet	Non-Vet	Vet	Non-Vet	Vet	Non-Vet	Vet
Y2003	0.56	0.70	0.11	0.13	0.37	0.31	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Y2004	0.57	0.70	0.12	0.13	0.37	0.31	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Y2005	0.58	0.70	0.13	0.14	0.36	0.30	0.08	0.13	0.05	0.06	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Y2006	0.58	0.71	0.13	0.15	0.37	0.30	0.08	0.14	0.05	0.06	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Y2007	0.59	0.72	0.14	0.16	0.36	0.28	0.08	0.13	0.05	0.06	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Y2008	0.60	0.73	0.14	0.15	0.36	0.30	0.08	0.14	0.05	0.06	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Y2009	0.60	0.73	0.14	0.16	0.36	0.30	0.07	0.13	0.05	0.06	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Y2010	0.61	0.73	0.14	0.16	0.36	0.30	0.08	0.14	0.05	0.06	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Y2011	0.60	0.73	0.15	0.18	0.37	0.30	0.08	0.13	0.05	0.06	0.11	0.16	0.11	0.13	0.08	0.09	0.37	0.36	0.03	0.03
Y2012	0.60	0.72	0.15	0.18	0.37	0.30	0.08	0.13	0.05	0.06	0.11	0.16	0.11	0.12	0.08	0.09	0.38	0.38	0.04	0.04
Y2013	0.60	0.72	0.16	0.18	0.35	0.29	0.08	0.13	0.05	0.06	0.11	0.16	0.11	0.16	0.08	0.10	0.38	0.37	0.04	0.04
Y2014	0.59	0.72	0.16	0.18	0.35	0.29	0.08	0.13	0.05	0.06	0.11	0.17	0.11	0.12	0.09	0.10	0.39	0.37	0.04	0.04
Y2015	0.59	0.71	0.16	0.19	0.36	0.30	0.07	0.12	0.05	0.06	0.12	0.17	0.12	0.13	0.08	0.10	0.37	0.37	0.04	0.04
Y2016	0.59	0.71	0.17	0.19	0.36	0.30	0.08	0.12	0.05	0.06	0.11	0.16	0.11	0.13	0.08	0.10	0.38	0.38	0.04	0.05
Y2017	0.59	0.71	0.17	0.19	0.38	0.31	0.07	0.12	0.05	0.06	0.12	0.17	0.12	0.14	0.09	0.11	0.37	0.37	0.04	0.05
Y2018	0.60	0.72	0.17	0.20	0.39	0.32	0.07	0.12	0.05	0.07	0.12	0.17	0.12	0.14	0.09	0.11	0.38	0.39	0.05	0.05
Y2019	0.60	0.71	0.17	0.19	0.41	0.35	0.07	0.11	0.05	0.07	0.12	0.18	0.12	0.14	0.09	0.11	0.37	0.37	0.05	0.05
Y11-Y19	0.60	0.72	0.16	0.19	0.37	0.30	0.08	0.13	0.05	0.06	0.11	0.16	0.11	0.13	0.09	0.10	0.38	0.37	0.04	0.04



* Data from 2003 to 2010 were not combined due to differences in weighting and data-collection by the US Centers for Disease Control and Prevention (CDC). Data for some of the variables were not collected by the CDC until 2011.

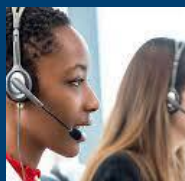
The data for 2019 indicate that Veteran status is associated with significantly different odds for all morbidities except for mental health disorders and kidney disease. When all other socio-economic and geographical variables are taken into consideration, Veterans in 2019 are estimated to have higher rates of morbidity for obesity/overweight status, heart disease (despite the time series graphs and after accounting for other variables), stroke, skin cancer, cancer, COPD (with an impressive odds ratio of 1.461), arthritis, and diabetes. These results may indicate, again, that the multiple deployments our military personnel have experienced over the last decade have had a significant impact on their overall health once separated from the military

Betancourt, J. A., Granados, P. S., Pacheco, G. J., Reagan, J., Shanmugam, R., Topinka, J. B., Beauvais, B. M., Ramamonjiravelo, Z. H., & Fulton, L. V. (2021). Exploring Health Outcomes for U.S. Veterans Compared to Non-Veterans from 2003 to 2019. In *Healthcare* (Vol. 9, Issue 5, p. 604). MDPI AG. <https://doi.org/10.3390/healthcare9050604>

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First Step – Eligibility

- Veterans must apply for Veterans Health Administration (VHA) care; they are not automatically enrolled
- Not all Veterans are eligible for VHA care
- If a Veteran has completed their enrollment in one VA system, they do not need to start over should they move or travel; their records are available nationally. They will need to contact the enrollment department in the desired system to facilitate local registration
- **Enrollment in VHA is the first step to access care through the VA, routine medical care cannot be provided to Veterans prior to enrollment**

Resources

National Enrollment and Eligibility Office: 877-222-8387

VAMHCS Enrollment Department: 410-605-7324

How to Apply: <https://www.va.gov/health-care/how-to-apply/>

Eligibility: <https://www.va.gov/health-care/eligibility/>

How is eligibility determined?

- Disability Rating
- Service History
- Medical Need
- Income Level

Eligibility is based on a variety of factors, leave it to the experts and contact the VA Enrollment and Eligibility Office for assistance

How to enroll:

- By phone
- By mail
- Online
- In Person

Information Needed:

- Veteran's most recent tax return
- Social Security Number for Veteran and all dependents
- Account numbers for any current health insurance
- Military Discharge forms such as DD-214

What if the Veteran is found ineligible?

- Due to discharge: Seek discharge upgrade assistance
- Due to income: Explore Catastrophic Disability



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Patient Aligned Care Team (PACT)- PRIMARY CARE

- Locations: All VHA Medical Centers and Community-Based Outpatient Clinics (CBOCs)
- Referral Required: Referral required for HBPC, Specialty PACT may require additional coordination
- Specialty PACTs:
 - H-PACT (Homeless)
 - SMI PACT (Severe Mental Illness)
 - GeriPACT (Geriatrics)
 - Comprehensive Women's Health
 - Home Based Primary Care (HBPC)
 - ID PACT (Infectious Disease)

Resources

Find the closest PACT locations:

<https://www.va.gov/find-locations/?facilityType=health>

VAMHCS Schedule an Appointment: 410-605-7333

VAMHCS Primary Care Messaging Line: 410-605-7777

VAMHCS Primary Care Social Work: 410-605-7281

PACT Social Work

Each VA Primary Care Team has an assigned VA PACT Social Worker. These Social Workers are available to assist the Veteran with care coordination, system navigation and referral to VA and community resources to address barriers to care and/or the Veteran's health and well-being

PACT Social Work is typically the primary point of contact when a Veteran requires assistance with care coordination upon discharge from a community hospital

PACT Social Workers typically are available for brief, solution-focused assistance. They typically do not have the capacity to provide on-going or intensive case management.



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Why is PACT so Important?

- VHA recommends all enrolled Veterans see their VHA PACT provider at least 1 time per year
 - Veterans must have an established PACT provider to access the following:
 - Care coordination following a community hospitalization including VHA provided home care, durable medical equipment and medication
 - Referral to some specialty care services
 - Referral for Geriatric and Extended Care Services including home health aide services
 - Requests for prescriptions written by outside providers to be filled by the VHA



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Geriatric and Extended Care Services (GEC)

- **Adult Day Health Care (ADHC) Centers:** A Veteran must be established with a Primary Care Provider prior to being referred for ADHC. Veterans may need to complete an additional financial form to determine co-payment status. Veterans are typically provided 2 days per week of ADHC. Please note that there may be a waiting list for this program. Referrals for this program are completed by the Veteran's PACT Social Worker.
- **Home Health Aide Program (HHA):** A Veteran must be established with a Primary Care Provider prior to being referred for HHA (exceptions can be made for Veterans receiving hospice care.) In order to qualify for the HHA program a Veteran must require assistance with a minimum of three ADLs. Typically, Veterans who qualify are provided with a minimum of 10hrs per week of in-home assistance, receiving no more than 4 hours on a given day. Please note there is typically a waiting list for this program. Referrals for this program are completed by the Veteran's PACT Social Worker.
- **Respite Care:** A Veteran must be established with a Primary Care Provider prior to being referred for respite. Please note access to inpatient respite care is limited at this time to Veterans who are 70-100% Service-Connected. In-home respite services are available regardless of Service-Connection and include 6 hours per day of in-home personal care services. Veterans are typically able to access 30days of respite per calendar year. Please note in-home respite does not provide 24hr care. Referrals for this program are completed by the Veteran's PACT Social Worker.

Resources

If you are interested in accessing GEC services, contact the Veteran's PACT Social Worker

More information on GEC: www.va.gov/GERIATRICS



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DME & Home Modifications

- VHA can provide a wide variety of Durable Medical Equipment (DME)/home modification at little to no cost to the Veteran. Request DME through the Veteran's PACT or specialty care provider
 - canes, rollators/walkers, bedside commodes/handheld urinal, grab bars, raised toilet seat, wheelchair, hospital bed, depends
 - stair glides/ramps/vertical chair lift
 - Home Improvement and Structural Alterations (HISA) Grant for roll-in/walk-in shower

Please note the VA does not reimburse for previously purchased equipment or home modification. If you are interested in the VA providing DME or accessing home modification grants, please contact the Veteran's Primary Care Provider – please note additional assessments may be required.



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Additional Resources

- **MyHealtheVet**: My HealtheVet allows Veterans direct access to their health record and the ability to direct message VA providers
- **Patient Advocate**: Staff are available to provide support and service recovery. If you are unhappy with services provided through the VHA, Patient Advocate is a good place to start
- **Advanced Directives (AD)**: VHA can assist with establishing a Living Will/Health Care Advanced Directive. If Veterans have a previously established AD please provide a copy to your VA provider. Please note the VHA does not assist with establishing Wills or Financial Powers of Attorney
- **Aid and Attendance**: is a financial benefit some Veterans may be eligible for through the Veterans Benefits Administration (VBA). Veterans must meet financial, service date and clinical criteria. Approved Veterans receive a monthly, tax-free financial benefit to help offset the cost of increased medical needs



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Service Connection

- Service Connection (SC) is the term used for VA disability compensation/pay – it is a monthly tax-free payment. Veterans can apply for service connection/s for injuries and illness incurred during or as a result of their time in service
- Veterans can be service connected for one or more injuries/illnesses; the impact of each identified condition is rated on a scale of 0-100%. The VBA then determines the Veteran's overall service connection rating on a scale of 0-100%
 - Veterans can be service connected for physical conditions – chronic illness or injury
 - Veterans can be service connected for mental health conditions
 - Veterans can be service connected for conditions that have been identified as presumably being the result of environmental exposures known as presumptive conditions
- **ONLY** the VBA can determine if a Veteran is service connected and at what rate
- Veterans must file an application for a service connection to be considered; appointments with VHA providers alone will NOT result in a service connection
- **YOU DO NOT NEED TO PAY FOR ASSISTANCE WITH FILING A SERVICE CONNECTION CLAIM- FREE HELP IS AVAILABLE THROUGH VETERAN SERVICE ORGANIZATIONS (VSOs)**

Resources

[VA Disability Compensation | Veterans Affairs](#)
[The PACT Act And Your VA Benefits | Veterans Affairs](#)
[Find a Local VSO](#) [Maryland Dept. Of Veteran Affairs](#)

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Military and Veteran Caregivers

There are only four kinds of people in the world – those who have been caregivers, those who are caregivers, those who will be caregivers and those who will need caregivers.

ROSALYNN CARTER

9% of U.S. adults are caregivers

16.9 million
civilian caregivers

4.4 million
Pre-9/11 military caregivers

1.1 million
Post-9/11 military caregivers

Source: National survey of caregivers of adults in the U.S., with findings presented in Ramchand R, Tanlellan T, et al., *Hidden Heroes: America's Military Caregivers*, RAND Corporation, 2014 (available at www.rand.org/military-caregivers).



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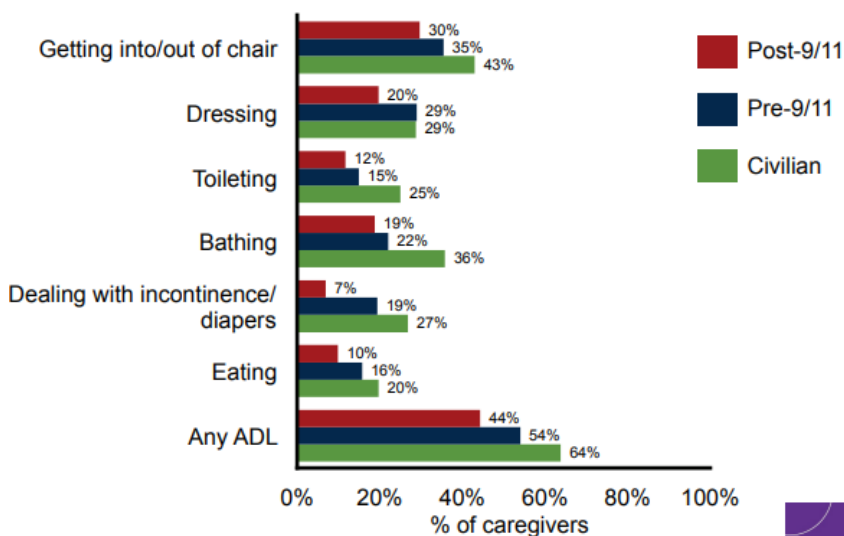
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Military and Veteran Caregivers

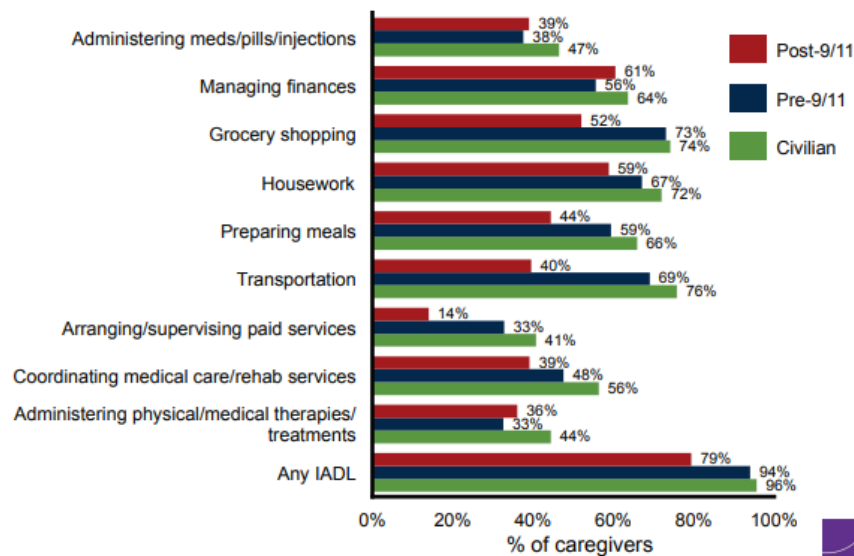
Activities of daily living performed by caregivers



Source: National survey of caregivers of adults in the U.S., with findings presented in Ramchand R, Tanielian T, et al., *Hidden Heroes: America's Military Caregivers*, RAND Corporation, 2014 (available at www.rand.org/military-caregivers).



Instrumental activities of daily living performed by caregivers



Source: National survey of caregivers of adults in the U.S., with findings presented in Ramchand R, Tanielian T, et al., *Hidden Heroes: America's Military Caregivers*, RAND Corporation, 2014 (available at www.rand.org/military-caregivers).



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Campaign for Inclusive Care



MISSION STATEMENT:

Campaign for Inclusive Care

To empower healthcare providers and professionals to engage Veteran caregivers as part of the Veteran care team through policy, practice and culture change.

For additional information and trainings please visit

<https://campaignforinclusivecare.elizabethdolefoundation.org/>

REMEMBER, CARE

CONSIDER

Consider who else needs to be present. Ask the Veteran "Is there someone you would like in the room during your visit?" "Is there someone who you rely on for support that you would like to have here as part of this conversation about planning your care?" or "Is there someone who helps you with your everyday medical needs?" Do not assume the Veteran can handle their medical care by themselves. Ask them directly to ensure clarity.

ACKNOWLEDGE

Recognize that the Veteran's caregiver has taken on extra work, and that it will impact their wellness. Empathetic remarks such as "I imagine it's a big responsibility to care for your loved one" and "I appreciate your dedication to their health" can go a long way to establish rapport.

REVIEW ROLE

Determine the responsibilities that the caregiver is comfortable with. Questions for the caregiver can include "what tasks are easy for you to perform?" and "are there any duties that cause you to feel uneasy while you are performing them?" Early identification of what the caregiver can and can't do will help ensure that the Veteran achieves their highest possible level of health and well-being.

ENCOURAGE

Find out any barriers that exist and how you can help overcome them to make the caregiver's responsibilities easier. Simple questions such as "how can I help with your at-home responsibilities for the Veteran?" and "what would make taking care of your Veteran simpler?" If you believe the caregiver could benefit from additional supports, refer to the Caregiver Support Program at your facility and encourage the caregiver to use the free Caregiver Support Line: 1-855-260-3274.

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The Caregiver Support Program

CSP Mission Statement

To promote the health and well-being of family caregivers who care for our nation's Veterans, through education, resources, support, and services

Program of Comprehensive Assistance for Family Caregivers (PCAFC)

- Veterans must be 70-100% SC by the VBA to be considered
- Strict application and assessment process, final eligibility determined by VISN Centralized Eligibility and Appeals Team
- Provides access to educational and support services
- Caregiver is paid a monthly stipend
- Direct impact on access to Home Health Aide/Veteran Directed Care/Adult Day Healthcare Center Services

Program of General Caregiver Support Services (PGCSS)

- No service connection or clinical requirement
- No application; enrollment process includes Veteran intake and Caregiver Review with local staff
- Provides access to education and support services
- No financial compensation
- No impact on access to Home Health Aide/Veteran Directed Care/Adult Day Healthcare Center Services

Please note CSP programs serve Caregivers who are caring for Veterans.
Based on national regulation neither program is open to Veterans caring for non-Veterans.



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What do Participating Caregivers Receive?



Resources

- www.caregiver.va.gov
- [CSP-Two Programs: What's the Difference](#)

Type of Support	PGCSS	PCAFC
Caregiver Support Team	✓	✓
Resources for Enhancing All Caregivers Health (REACH) VA	✓	✓
Caregiver Support Line	✓	✓
Caregiver Health & Wellbeing Coaching	✓	✓
Building Better Caregivers	✓	✓
Supportive Services	✓	✓
Caregivers FIRST Skills Training	✓	✓
Peer Support Mentoring	✓	✓
Respite Care	✓	✓
Annie Caregiver Text	✓	✓
Self-care/Resilience courses	✓	✓
Connection to VA/Community Resources	✓	✓
Caregiver & Family Resource Fairs	✓	✓
VA S.A.V.E. Training	✓	✓
Mental Health Counseling (as applicable)	✓	✓
CHAMPVA (if uninsured)		✓
Monthly Stipend		✓
Beneficiary Travel (as applicable)		✓



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Available Education and Supports

Please note the below list is not exhaustive and represents a sample of what we provide

- **VA S.A.V.E. Training:** Caregivers play an essential role in Veteran suicide prevention. They may be the first to notice changes in the Veteran or maybe the person a Veteran turns to when having suicidal thoughts. VA SAVE, which stands for Signs, Ask, Validate, Encourage and Expedite, is designed to equip anyone who interacts with Veterans to demonstrate care, support, and compassion when talking with a Veteran who could be at risk for suicide.
 - Publicly available free of charge 24/7: <https://learn.psycharmor.org/courses/va-save-preventing-caregiver-suicide>
- **Building Better Caregivers:** Is an online, six-week workshop that helps caregivers in two key ways: Training caregivers in how to provide better care to Veterans. Assisting caregivers to learn how to manage their own emotions, stress, and physical health.
- **Annie Caregiver Texting:** The app sends caregivers messages to help them manage stress, take better care of themselves, manage dementia-related behaviors, and cope with bereavement. Messages may be educational, motivational, or activity-based.
- **Resources for Enhancing All Caregivers Health (REACH VA):** Through individual or group sessions, coaches will aid in stress management, problem-solving, self-care, healthy behaviors, and Veteran safety, behaviors, problems, or concerns linked to a diagnosis.
- **Caregiver Health and Wellbeing Coaching:** The Caregiver Health & Wellbeing Coach uses the Circle of Health visual tool to help explore connections between essential aspects of your life and a self-assessment tool known as the Personal Health inventory to help you create your Personal Health Plan.
- **Caregivers FIRST:** These four proactive group classes help caregivers build self-care and psychological coping, health system navigation, and hands-on clinical skills.
- **Annual Caregiver Celebration and Resource Fair**
- **Variety of locally developed support groups**



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Program of General Caregiver Support Services (PGCSS)



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PGCSS Eligibility

- Veteran must be enrolled in the VAMHCS, they are not required to have established care
- Caregiver must be over the age of 18
- Veteran must agree with Caregiver enrolling in PGCSS
 - If Veteran lacks decisions making capacity will defer to Health Care Agent
- Caregiver must be willing to provide demographic information including DOB/SSN
- Individual receiving care must be a Veteran

To enroll in VAMHCS PGCSS contact

410-605-7000 ext. 55248

To enroll in another VA's PGCSS contact

[your local Caregiver Support Program Office](#)

or call the Caregiver Support Line

1-855-260-3274

Resources

- [PGCSS Fact Sheet](#)
- [PGCSS FAQ](#)
- [PGCSS Website](#)



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Program of Comprehensive Assistance for Family Caregivers (PCAFC)



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PCAFC Eligibility –Service Connection

Veterans must be 70-100% service-connected
per the Veterans Benefits Administration
to be considered for PCAFC



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PCAFC Eligibility – Clinical Need

- The individual is in need of in-person personal care services for a minimum of six (6) continuous months based on any one of the following:
 - An inability to perform an activity of daily living (ADL);
 - A need for supervision or protection based on symptoms or residuals of neurological or other impairment or injury;
 - A need for regular or extensive instruction or supervision without which the ability of the Veteran to function in daily life would be seriously impaired.

Resource

[PCAFC Eligibility Fact Sheet](#)

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Eligibility – Inability to Perform an ADL

- “Inability to perform an ADL” means the Veteran requires personal care services **each** time they complete one or more of the ADLs listed below.
 - Requiring assistance with an ADL some of the time does not constitute “inability to perform an ADL” under this definition.
- VA considers the following ADLs when determining PCAFC eligibility:
 - Dressing or undressing oneself;
 - Bathing;
 - Grooming oneself in order to keep oneself clean and presentable;
 - Adjusting any special prosthetic or orthopedic appliance, that by reason of the particular disability, cannot be done without assistance (this does not include the adjustment of appliances that nondisabled persons would be unable to adjust without aid, such as supports, belts, lacing at the back, etc.);
 - Toileting or attending to toileting;
 - Feeding oneself due to loss of coordination of upper extremities, extreme weakness, inability to swallow, or the need for a non-oral means of nutrition;
 - Mobility (walking, going up stairs, transferring from bed to chair, etc.).
- VA recognizes that not all ADLs need to be performed on a daily basis. For example, bathing is included in the definition of inability to perform an ADL but may not be required every day.



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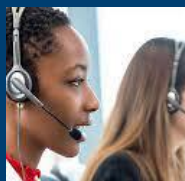
Eligibility – Supervision, Protection or Instruction

- Characterized by a need for supervision or protection based on symptoms or residuals of neurological or other impairment or injury or a need for regular or extensive instruction or supervision without which the ability of the Veteran to function in daily life would be seriously impaired
- The following examples have been provided
 - A Veteran with dementia may be physically capable of washing their hands or bathing but may be unable to use the appropriate water temperature and may thus require step by step instruction or sequencing in order to maintain their personal safety on a daily basis.
 - A Veteran with schizophrenia who has active delusional thoughts that lead to unsafe behavior (e.g., setting a fire, walking into traffic) may require another individual to provide supervision or instruction to ensure their personal safety on a daily basis.



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Additional Eligibility Criteria

- It is in the best interest of the individual to participate in the program
- Personal care services that would be provided by the family caregiver will not be simultaneously and regularly provided by or through another individual or entity,
 - Acceptance into PCAFC may impact or replace services like Home Health Aide & Veteran Directed Care, etc.
- Veteran receives care at home or will do so if VA designates a Family Caregiver
- Veteran receives ongoing care from a Primary Care Team or will do so if VA designates a Family Caregiver



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PCAFC Caregiver Eligibility

- Be at least 18 years of age
- Be either:
 - The eligible Veteran's spouse, son, daughter, parent, stepfamily member, or extended family member; or
 - Someone who lives with the eligible Veteran full-time or will do so if designated as a Family Caregiver.
- Complete required caregiver training in a timely manner and demonstrate the ability to carry out the specific personal care services, core competencies, and additional care requirements. The training is available in several languages either online or hardcopy.



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PCAFC – Application

- Complete [Form 10-10CG](#)
 - [Apply online](#)
 - OR
 - Print and Mail the Form to:
 - Your local Caregiver Support Program Office
 - Health Eligibility Center, PCAFC; 2957 Clairmont Road NE. Ste 200; Atlanta, GA 30329-1647
- The Centralized Eligibility Assessment Team will review medical records related to the Veteran's care needs; Veterans and Caregivers can prepare for this by:
 - Make a list of all community providers
 - Make appointments with providers who have not been seen in the last year whose information/treatment would be valuable to the application process.
 - Identify the process of obtaining medical records from community providers
 - Request relevant records to be sent to CG/Veteran; Have a copy ready for CSP staff.

There is a strict application processing timeline; having access to all relevant medical records will significantly decrease the chance of delay or interruption.

Resources

[PCAFC Application Fact Sheet](#)
[PCAFC Website](#)



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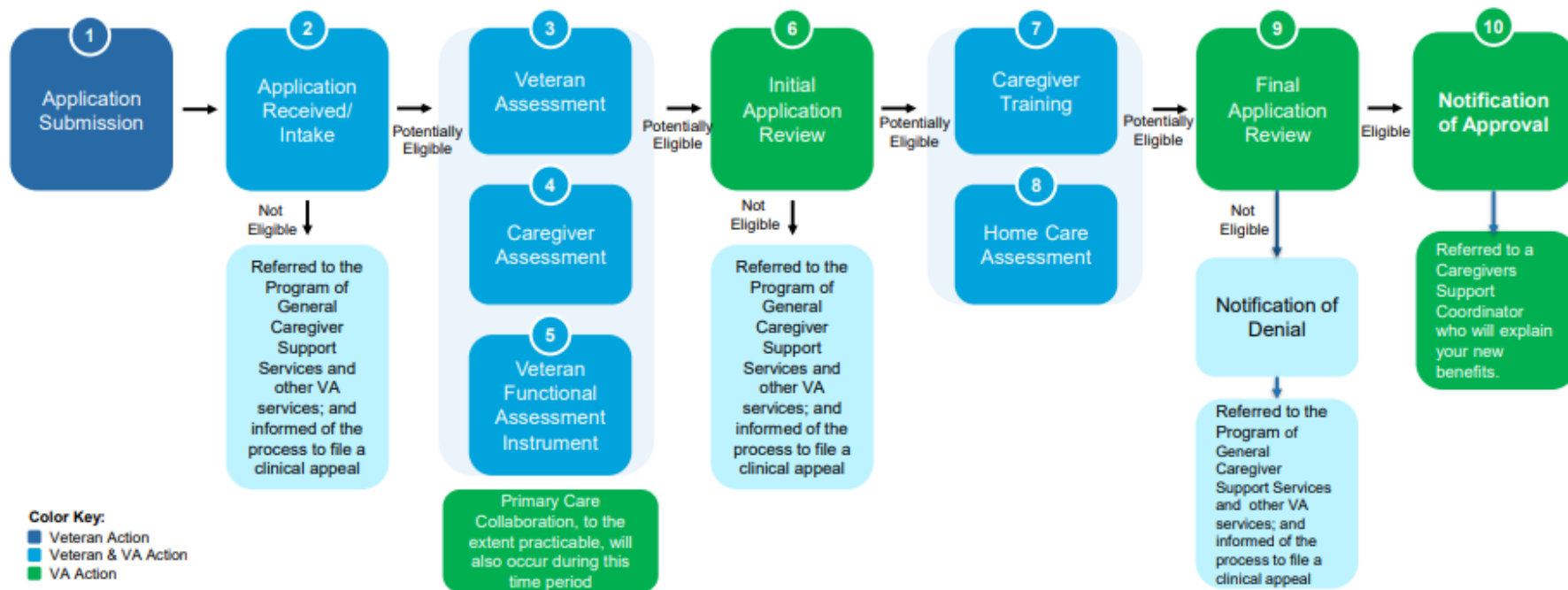


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PCAFC – Application Process

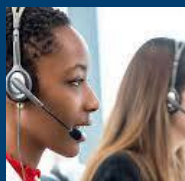


Goal is to provide an eligibility decision within 90 Days of application receipt



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PCAFC – Monthly Stipend

- **Two Tier Level system**
- Stipend amounts will be based on the Office of Personnel Management (OPM) General Schedule (GS) Annual Rate for Grade 4, Step 1, based on the locality pay area in which the eligible Veteran resides.
 - Level 2: For an eligible Veteran who is determined to be **unable to self-sustain in the community**, the Primary Family Caregiver will receive 100% of the monthly stipend rate.
 - Level 1: For an eligible Veteran who is **not** determined to be **unable to self-sustain in the community**, the Primary Family Caregiver will receive 62.5% of the monthly stipend rate.

Please note stipends are paid directly to the **Caregiver** as compensation for the time they spend caring for the Veteran

Resource

[Stipend Fact Sheet](#)

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PCAFC Impact on GEC Services

Veterans who are granted final approval for PCAFC may see an impact on services provided through GEC including Home Health Aide (HHA) Services, Adult Day Health Care (ADHC) Services and Veteran Directed Care (VDC).

Veterans who will experience a change in service are alerted to the potential change once initial CEAT approval is received. Veterans and Caregivers are informed of the potential changes and have the opportunity to decline PCAFC in favor of retaining previous access to GEC Services.

- Home Health Aide Services/Adult Day Health Care Services
 - Approved/covered number of hours may be decreased as a result of acceptance into PCAFC
 - Some Veterans will not be eligible for both PCAFC and HHA/ADHC

Decisions regarding access to PCAFC and GEC services are made by VHA staff based on a variety of factors including the Veteran's ADL care needs. Veterans and Caregivers are informed of all changes in care PRIOR to the change taking place and have the ability to decline enrollment in PCAFC in favor of retaining previous access to GEC services



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What if a Veteran is denied from PCAFC?

Veterans and their Caregivers have several options to appeal their PCAFC determination, please note each Veteran and Caregiver are provided with information regarding their appeal options. In addition to the appeal options listed below the Veteran does have the option to re-apply to PCAFC at any time.

- VHA Clinical Appeal
 - Initial Clinical Appeal: Initiated through our local Patient Advocate Office, case reviewed by alternative local CEAT
 - Second Level Clinical Appeal: Initiated through the VISN CSP Office, case is reviewed by alternative CEAT
- VHA Review Options
 - Supplemental Claim
 - Request for higher level review
- Appeal to the Board of Veterans' Appeals (Board)

Please note all appeal options must be initiated by the Veteran and Caregiver



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Caregiver Support Program Contact Information

- VA Maryland Health Care System Caregiver Support Program
 - Program of General Caregiver Support Services: 410-605-7000 ext. 55248
 - Program of Comprehensive Assistance for Family Caregivers: 410-605-7000 ext. 54143
- Contact information for VA CSP offices around the country can be found [here](#)
- Contact the Caregiver Support Line- staff will take your information, answer basic questions and forward your inquiry to your local Caregiver Support Program Office, typically you will receive a return call within 5 business days



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Additional Resources

- [VA Caregiver Support Program Website](#)
- [Coaching Into Care](#)
- [Elizabeth Foundation Respite Relief and Caregiver Hope Fund](#)
- [Alzheimer's Association](#)
 - 24/7 Warm Line: 800.272.3900
- [NAMI](#)
 - 24/7 Warm Line: 800.950.6264



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VA Medical Centers and Community Based Outpatient Clinics

Baltimore VA Medical Center
10 North Greene Street
Baltimore, MD 21201
Phone: 410-605-7000

Loch Raven VA Medical Center
3900 Loch Raven Boulevard
Baltimore, MD 21218
Phone: 410-605-7000

Perry Point VA Medical Center
Perry Point, MD 21902
Phone: 410-642-2411

Cambridge VA Outpatient Clinic
830 Chesapeake Drive
Cambridge, MD 21613
Phone: 410-228-6243

Eastern Baltimore County
VA Outpatient Clinic
5235 King Avenue, Suite 200
Rosedale, MD 21237
Phone: 443-730-2020

Fort Meade VA Outpatient Clinic
2479 5th Street
Fort Meade, MD 20755
Phone: 410-305-5300

Glen Burnie VA Outpatient Clinic
808 Landmark Drive, Suite 128
Glen Burnie, MD 21061
Phone: 410-590-4140

Pocomoke City VA
Outpatient Clinic
1701 Market Street, Unit 211
Pocomoke City, MD 21851
Phone: 410-957-6718

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