Programs for Military Families and Veterans

Military families of active duty service members and women as well as Veterans are often in need of respite care to provide a break from caregiving. Spouses of service members may have children or parents with special needs who need ongoing supervised care. Veterans return from deployments with physical and mental challenges that may require special care. Funding respite is approached in several different ways to assist these families with the needs of family caregivers.

For active duty military:

- Members receive health care through the TRICARE plan; a supplemental extended care health option (ECHO) is available to those who have family members with special needs, including respite care.
- **Respite Care for Injured Service Members.**
- The **Exceptional Family Member Program (EFMP)** in each branch of the military offers support to families that have members with special needs.
- The Department of Defense contracts with the **Young Men’s Christian Association (YMCA)** to provide free memberships and respite for families.
- Respite child care for families of deployed; wounded, ill, and injured soldiers; and survivors of fallen soldiers.

For Veterans:

- The **Millennium Health Care and Benefits Act of 1999** provides health care benefits; respite is included in the benefits package.
- **Aid and Attendance** and **Housebound Benefits** are two benefit programs that provide supplemental financial support to Veterans with special needs who are receiving general Veterans Benefits.
- Title IV of the Older Americans Act created an opportunity for the Veterans Administration to partner with the Administration on Aging to fund **Veteran Directed Home and Community Based Services** for Veterans through Community Living Program grants.
- A new **Program of Comprehensive Assistance for Family Caregivers** began in May 2011 and is administered under the Caregivers and Veterans Omnibus Health Services Act of 2010.

Each of these programs is described in this section.
TRICARE’s Extended Care Health Option (ECHO)

Authorizing legislation:
Section 701(g) of the National Defense Authorization Act for FY 2002 (P.L. 107-107); codified in law in 10
1079 (d) through (g). Department of Defense regulations for the Extended Care Health Option (ECHO)
program are found at 32 CFR 199.5.

Currently authorized through:
On September 1, 2005, TRICARE’s ECHO replaced TRICARE’s Program for Persons with Disabilities
(PFPWD).

Program purpose:
To supplement health insurance for military families who have family members with special needs.

Beneficiaries:
Retired and active duty military and their families (see issues for consumers, providers, and advocates
below for more detail).

Funding:
Military members pay a monthly cost share of $25 to $250, depending on their pay grade.

Activities supported by the funding:
Benefits available under TRICARE ECHO may include

• medical and rehabilitative services,
• training to use assistive technology devices,
• special education,
• institutional care if needed,
• some transportation,
• assistive services,
• durable equipment,
• expanded in-home medical services, and
• respite care.

Respite connection:
Respite is available as a covered benefit in two categories:

• Respite care of 16 hours per month while receiving other authorized ECHO benefits, and
• Home Health Care Respite of up to 40 hours per week (8 hours/day, 5 days/week) if
homebound.

Only one of these respite benefits can be used in a calendar month.
**Issues for consumers, providers, and advocates:**
TRICARE is the military health insurance plan for eligible family members of active duty service members, military retirees and their eligible family members, surviving eligible family members of deceased active duty or retired service members, and some former spouses of active or retired service members. TRICARE ECHO, for eligible active duty military families only, supplements TRICARE benefits.

Family members must have a qualifying condition such as

- moderate or severe mental retardation,
- serious physical disability, or
- extraordinary physical or psychological condition that keeps the beneficiary homebound.

Family members must register for TRICARE ECHO and enroll in the service’s Exceptional Family Member Program (EFMP). Service branches determine eligibility.

**Points of contact:**
Military families contact their local Beneficiary Counseling and Assistance Coordinator, TRICARE Service Center, or their regional contractor. Regional contractors are listed at the TRICARE website.

http://www.tricare.mil/Plans/SpecialPrograms/ECHO.aspx

**Related links:**

U.S. Military Health System, Defense Health Agency, TRICARE, Special Programs, Extended Care Health Option http://www.tricare.mil/Plans/SpecialPrograms/ECHO.aspx

**References:**
TRICARE. Extended Care Health Option. http://www.tricare.mil/Plans/SpecialPrograms/ECHO.aspx
**Respite for Injured Service Members**

*Authorizing legislation:*

*Program is authorized through:*
Began January 1, 2008. This program was established without a time limitation.

*Program purpose:*
To extend the TRICARE respite benefit to family caregivers of injured active duty service members.

*Beneficiaries:*
Injured active duty service members injured in the line of duty, and active duty service members, including National Guard/Reserve members who have a serious injury or an injury that has resulted in or may result in a physical disability or an extraordinary physical or psychological condition, qualify for the respite care benefit. In many cases, the condition may be so severe that the service member is left homebound.

*Funding:*
Service members pay nothing out of pocket for these services and there is no benefit cap.

*Activities supported by the funding:*
Injured active duty service members, including National Guard/Reserve members injured in the line of duty, are eligible for comprehensive health care services beyond basic TRICARE coverage, including respite care for the primary caregiver (of the injured service member).

Special benefits for injured active duty service members are similar to those available to family members of active duty service members under the TRICARE Extended Care Health Option (ECHO). However, active duty service members are not required to enroll in ECHO to receive these benefits, which include:

- diagnosis;
- inpatient, outpatient, and comprehensive home health care supplies and services;
- training, rehabilitation, special education, and assistive technology devices;
- institutional care in private nonprofit, public, and state institutions and facilities and transportation to and from such institutions and facilities (when appropriate); and
- custodial care in conjunction with authorized home health service.

*Respite connection:*
Respite benefits are limited to:

- a maximum of 40 respite hours in a calendar week,
- no more than 5 days per calendar week, and
- no more than 8 hours per calendar day.
The care must be provided by a TRICARE-authorized Home Health Agency. Contact your regional contractor or TRICARE Area Office for help finding an authorized Home Health Agency. Authorized respite care does not cover care provided by family members or others who may reside with or visit the qualified active duty service member.

**Issues for consumers, providers, and advocates:**
Although the primary caregiver is usually a member of the patient’s family, he or she may be a relative or friend who assists the service member with the activities of daily living. Respite care services are provided exclusively to the active duty service member. The active duty service member respite benefit is intended to mirror the benefits provided under the [TRICARE Extended Care Health Option (ECHO) Home Health Care benefit](http://www.tricare.mil/LifeEvents/InjuredonAD.aspx).

The service member’s case manager or other approving authority* may approve respite care when the care plan includes frequent primary caregiver interventions (more than two during the 8-hour period per day that the primary caregiver would normally be sleeping); respite care may be included in the care plan.

*Other approving authorities include Defense Health Agency-Great Lakes, Service Point of Contact, referring military treatment facility, or the TRICARE Area Office.

**Points of contact:**
The service member’s case manager.

TRICARE regional and program contractors.
[http://www.tricare.mil/ContactUs/CallUs.aspx](http://www.tricare.mil/ContactUs/CallUs.aspx)

**Related links:**
TRICARE. Injured on Active Duty. [http://www.tricare.mil/LifeEvents/InjuredonAD.aspx](http://www.tricare.mil/LifeEvents/InjuredonAD.aspx)

**References:**
Exceptional Family Member Program (EFMP)

Program purpose:
To give family support services to family members with special needs.

Beneficiaries:
See Issues for consumers, providers, and advocates below.

Activities supported by the funding:
Department of Defense policy permits, but does not require, each service to offer support to exceptional family members through their Family Centers. This program varies among the services (Army, Navy, Air Force, Marines, Coast Guard); each of these programs is covered separately below.

Issues for consumers, providers, and advocates:
The Department of Defense defines exceptional family members¹ as family members of active duty service members and civilian employees appointed to an overseas position who meet one or more of the following criteria:

- Potentially life-threatening conditions and/or chronic medical/physical conditions (such as high-risk newborns, patients with a diagnosis of cancer within the last 5 years, sickle cell disease, insulin-dependent diabetes) requiring follow-up support more than once a year or specialty care.

- Current and chronic (duration of 6 months or longer) mental health condition (such as bipolar, conduct, major affective, or thought/personality disorders); inpatient or intensive outpatient mental health service within the last 5 years; or intensive (greater than one visit monthly for more than 6 months) mental health services required at the present time. This includes medical care from any provider, including a primary health care provider.

- A diagnosis of asthma or other respiratory-related diagnosis with chronic recurring wheezing which meets one of the following criteria:
  - scheduled use of inhaled anti-inflammatory agents and/or bronchodilators,
  - history of emergency room use or clinic visits for acute asthma exacerbations within the last year,
  - history of one or more hospitalizations for asthma within the past 5 years, or
  - history of intensive care unit admissions for asthma within the past 5 years.

- A diagnosis of attention deficit disorder or attention deficit hyperactivity disorder that meets one of the following criteria:
  - has a co-morbid psychological diagnosis;
  - requires multiple medications, psycho-pharmaceuticals (other than stimulants) or does not respond to normal doses of medication;
  - Requires management and treatment by mental health provider (e.g., psychiatrist, psychologist, or social worker);
  - requires a specialty consultant, other than a family practice physician or general medical officer, more than twice a year on a chronic basis; or

- requires modifications of the educational curriculum or the use of behavioral management staff.

• requires adaptive equipment (e.g., an apnea home monitor, home nebulizer, wheelchair, splints, braces, orthotics, hearing aids, home oxygen therapy, or home ventilator),
• requires assistive technology devices (such as communication devices) or services;
• requires environmental/architectural considerations (such as a limited numbers of steps, wheelchair accessibility/housing modifications, or air conditioning);
• has or requires an Individualized Family Service Plan (IFSP); or
• has or requires an Individualized Educational Plan (IEP).


Points of Contact:  
To find your installation EFMP office, check the Installation Program Directory at Military OneSource website.  http://www.militaryonesource.mil/efmp. Families can also call Military OneSource at 800.342.9647 and ask for a referral to a special needs consultant.

Related links:  
Military One Source, Exceptional Family Member Program  
http://www.militaryonesource.mil/efmp?content_id=269174

http://www.militaryfamily.org/info-resources/efmp-special-needs.html

References:  
Army Exceptional Family Member Program (EFMP) Respite Care

Funding:
Qualified families may receive up to 40 hours of funded EFMP respite care per month for each certified family member.

Respite connection:
EFMP respite care eligibility is based on EFMP enrollment and severe chronic medical condition or significant medical needs of an exceptional family member (EFM). Strategic Resources Inc, (SRI) holds the contract with the Department of Defense to provide the respite services. SRI’s 700+ Respite Care Providers provide services for up to 1,650 Exceptional Family Members at 37 military installations and 50+ remote locations nationwide.

Issues for consumers, providers, and advocates:
Soldiers with EFMs must enroll in one of the EFMPs:
- Active Army,
- U.S. Army Reserve (USAR) in the USAR Active Guard Reserve (AGR) Program, or
- Army National Guard AGR serving under authority of 10 U.S.C. and 32 U.S.C.

Participants in EFMPs are enrolled permanently unless the medical or special education needs warrant case closure or the soldier is separated from the Army.

EFMP respite care is not an entitlement or a guaranteed benefit.

The Family Services Needs Matrix is used to determine EFMP respite care hours per month. The family must revalidate information in the matrix as the EFM condition changes or at least annually, whichever comes first.

EFMP respite care provides a temporary rest period for family members responsible for regular care of persons with disabilities. Care is provided in the respite care user’s home or other setting such as special needs camps and enrichment programs. Any Army EFMP respite care is subject to available funding.

Relatives or friends living in the home with the EFM are not authorized to be paid as respite care providers.

EFMP respite care payments are not authorized for live-in nannies, au pairs, babysitters, or services provided by agencies that provide any form of therapy.

Respite care providers must meet background, license/certification, and training requirements. The requirements can be waived for respite care providers who are adult family members of the EFM’s family.

Points of contact:
Families enrolled in EFMPs apply for EFMP respite care at the local Army Community Service EFMP Office.
Related links:
U.S. Army Medical Department, Exceptional Family Member Program. http://efmp.amedd.army.mil


References:

Marine Corps Wounded and Fallen Marine Respite Care

**Funding:**
Qualified families may receive up to 20 hours of funded respite per month, per family, at authorized reimbursement rates.

**Respite connection:**
Respite provides temporary breaks for family members responsible for the regular care of individuals with disabilities. Respite may be provided by the installation child development center (CDC), fleet command center, a visiting nurse service, a family member, or a neighbor.

**Issues for consumers, providers, and advocates:**
Respite is available for all Marine Corps families enrolled in the EFMP; enrollment is mandatory for all active duty personnel and active reservists.

The exceptional family member must reside full time with the sponsoring Marine.

From 2008 to 2013, there were four levels of need (LoN) with separate reimbursement rates:

- **Level one:** children age 12 or younger with mild special needs; rate cannot exceed the CDC rate.
- **Level two:** children age 12 or younger with mild special needs who could qualify for a higher level through an evaluation process; rate cannot exceed two times the CDC rate.
- **Level three:** family members with moderate special needs who require trained support; rate cannot exceed three times the CDC rate.
- **Level four:** family members with severe special needs who require nursing care services; rate cannot exceed nine times the CDC rate, or $45 per hour.

Siblings of EFMP children, and children of adults with disabilities age 12 or younger were also eligible to receive respite at no more than the CDC rate. However, beginning October 2013, the following new changes took effect:

- EFMP respite care reimbursement remained available to EFMs identified as LoN 3, or LoN 4 but family members identified as LoN 1 and LoN 2 were no longer eligible for respite care reimbursement.
- Age typical sibling reimbursement was no longer provided.
- Adult EFMs are no longer eligible for age typical reimbursement for their children.
- The maximum number of respite hours per month, per family, to be reimbursed at authorized rates is 20 hours.

**Points of contact:**
Respite care services can be accessed through the local installation EFMP coordinator.

**Related links:**
Marine Corps Community Services. Exceptional Family Member Program (EFMP). [http://www.usmc-mccs.org/index.cfm/services/family/exceptional-family-member/]
References:
http://www.marines.mil/Portals/59/MCBUL%201754%20DTD%2027FEB15.pdf
Navy Exceptional Family Member Program (EFMP) Respite Care

Funding:
Qualified families may receive up to 40 hours of respite care per month at no cost to the family.

Respite connection:
Respite is provided through Child Care Aware® of America (formerly NACCRAA) and local partner agencies.

Issues for consumers, providers, and advocates:
Navy families are eligible for respite care if
- the family is enrolled in the Navy’s Exceptional Family Member Program;
- the EFM child is younger than 19; typical siblings are younger than 13;
- age 18 or younger;
- the level of enrollment is Level IV or V — the exceptional family member’s needs require an assignment near a major military or civilian medical facility
- the sailor is stationed within the United States.

Points of contact:
Child Care Aware® of America (formerly NACCRAA) at 1-800-424-2246. Once eligibility is confirmed, the family will be connected with the local agency administering the program.

Related links:
Child Care Aware® of America. Apply for Navy Exceptional Family Member Program (EFMP) Respite Care.

Navy Personnel Command (NPC) customer service center at 1-866-U-ASK-NPC, visit the NPC website at http://www.public.navy.mil/bupers-npc/Pages/default.aspx

References:
http://www.public.navy.mil/bupers-npc/support/efm/Pages/default.aspx
Air Force Exceptional Family Member Program (EFMP) Respite Care

**Funding:**
Qualified families are eligible for 12 hours of respite care per month.

**Respite connection:**
Respite is available to families of active duty members of the Air Force with a child enrolled in the EFMP.

**Issues for consumers, providers, and advocates:**
Air Force families are eligible for respite care if

- the family is enrolled in the Air Force’s Exceptional Family Member Program;
- the EFM child is younger than 19; typical siblings are younger than 13;
- the child resides with the Airman;
- the airman is on active duty (including guard and reserve activated for 30 days or more);
- the airman is stationed in the United States, including Alaska and Hawaii;
- the amount of respite care is based on the severity of the special need and deployment status (between 8 and 20 hours per month); or
- choice of care in an approved location—in child’s home, in a licensed family child care home, or in a child care center.

**Points of contact:**
Child Care Aware® of America (formerly NACCRRA) at 1-800-424-2246. Information may also be obtained from the local Airman & Family Readiness Center.

**Related links:**
Child Care Aware® of America. *Air Force Exceptional Family Member Program Respite Child Care.* [http://usa.childcareaware.org/military-programs/](http://usa.childcareaware.org/military-programs/)


**Also available:**
Air Force Aid Society (AFAS) provides up to 20 hours of respite care per month. The amount of assistance is based on need—the need for respite time as well as financial need. Families may be referred to AFAS by the Airman and Family Readiness Center EFMP family support coordinator.

Coast Guard Mutual Assistance (CMGA) Respite Care

**Funding:**
Respite is based on need (financial need and need for a break from care giving when supported by a statement from a doctor or other medical authority and when no other sources will authorize assistance) and is given as a grant. The family locates a provider and agrees on an hourly rate, not to exceed $10 per hour. The grant may not be used to pay for care provided by a relative or an individual who is also receiving a respite care grant.

**Respite connection:**
Respite is available to eligible Coast Guard clients who have 24-hour responsibility for an ill or disabled family member living in the same household. Respite may not exceed 40 hours per month. Respite may be provided in the family’s home or out of the home.

**Issues for consumers, providers, and advocates:**
Eligible families are those in which a family member (spouse, dependent child, or dependent parent) (1) has been diagnosed with a profound disability or a serious or terminal illness requiring ongoing care, and is enrolled in the Coast Guard Special Needs Program.\(^2\) Eligibility is verified by the local command. Not all enrollees in the Special Needs Program will qualify; the family member with special needs must be determined to be at high risk because of multiple stresses in the family.

Approval is given for one 3-month period and may be renewed for one additional 3-month period.

**Points of contact:**
A list of local CGMA representatives can be found on the Coast Guard Mutual Assistance website. [http://www.cgmahq.org/Map/repMembers.html](http://www.cgmahq.org/Map/repMembers.html)

**Related links:**
U.S. Coast Guard, Coast Guard Mutual Assistance, Medical and Dental Program. [http://www.cgmahq.org/Assistance/Programs/med.html](http://www.cgmahq.org/Assistance/Programs/med.html)

**References:**


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\(^2\) Equivalent to Exceptional Family Member Programs in other services.
**Armed Services YMCA Respite Child Care**

**Program purpose:**
To provide respite for armed forces families.

**Funding:**
There is no cost to the family for this program.

**Beneficiaries:**
Families with children up to age 12 who are Title 10 personnel are eligible for a Y membership and respite care, including: Family members of deployed National Guard and Reservists, Active Duty Independent Duty personnel, relocated spouses/dependent children of deployed Active Duty personnel, and families of deployed Active Duty personnel residing 30 miles from a military installation.

**Activities supported by the funding:**
The Department of Defense has contracted with the YMCA to provide free family memberships at participating YMCAs.

**Respite connection:**
Participating YMCAs will provide up to 16 hours of respite child care per month per child for children age 12 and younger.

**Issues for consumers, providers, and advocates:**
A military ID card and copy of deployment orders or Independent Duty approval form are required for enrollment.

**Points of contact:**
A list of participating YMCAs is located on the YMCA website.
[http://www.ymca.net/military-outreach/childcare.html](http://www.ymca.net/military-outreach/childcare.html)

**Related links:**
YMCA, Military Outreach: About Respite Care.
[http://www.ymca.net/military-outreach/childcare.html](http://www.ymca.net/military-outreach/childcare.html)

**References:**
DoD/YMCA Respite Care Eligibility Form.
[http://www.asymca.org/assets/Respite-Care-DoD-Eligibility-Form-Updated.pdf](http://www.asymca.org/assets/Respite-Care-DoD-Eligibility-Form-Updated.pdf)
Army Fee Assistance (AFA) for Respite Care

Program purpose:
Respite child care for certain military families.

Beneficiaries:
Army service members and their spouses in one of the following categories:

- Deployed (for 30 days prior to and 90 days after return),
- Geographically dispersed Army Recruiters
- ROTC Cadet Cadre (eligible during the months of May-September)
- Wounded Warriors
- Survivors of Fallen Warriors.
- Memorial Service Attendance for Fallen Soldiers (on site only)

The Army spouse is not required to be working or enrolled in school to qualify. Eligible hours will vary depending on status.

Funding:
The Army administers the program though the General Services Administration to reimburse the respite provider for eligible care at the Army-approved hourly rate.

Activities supported by the funding:
Free temporary child care for each eligible child to allow the parent or caregiver time to run errands, attend appointments, or just take time out for themselves.

Respite connection:
Respite Child Care provides each eligible family with up to five hours of no-cost child care for each child up to and including age 12 during an assignment period. Child does not need to have any special need.

Issues for consumers, providers, and advocates:
The Army Fee Assistance Program will be transitioning to a new contractor. The timeline for that transition has not yet been finalized at the time this document was prepared.

Spouse does not have to be working, looking for work, or in school to qualify.

Respite providers must be state-licensed and/or nationally accredited.

Points of contact:
All questions on eligibility and application for the AFA should be addressed to the GSA Subsidy Administration Section. Phone: (866) 508-0371 Fax: (816) 823-5410 or by email: armyparentcare.newapplications@gsa.gov Address: GSA/BCED Attention: Subsidy Administration Section 1500 East Bannister Road, #1061 Kansas City, MO 64131

Related Links:
U.S. General Services Administration (GSA), Army Fee Assistance.
http://www.gsa.gov/portal/category/107359
References:
U.S. General Services Administration (GSA), Subsidy Administration Section. Army Fee Assistance – Family Handbook.
http://www.gsa.gov/portal/mediaId/235863/fileName/Army_Fee_Assistance_(AFA)_Family_Handbook2.action

U.S. General Services Administration (GSA). Army Fee Assistance (AFA) for Respite Care Application Package. http://www.gsa.gov/portal/mediaId/204443/fileName/Army_2012-04G_-_Respite_Care_AFA_Application_Package.action
Veterans Affairs Health Care

Authorizing legislation:

Currently authorized through:
This program was established without a time limitation.

Program purpose:
To establish a program of extended care services for Veterans.

Beneficiaries:
Family caregivers of Veterans from all eras.

Funding:
This program was established without a need for further fiscal appropriations. Services can be contracted or provided directly by the staff of the U.S. Department of Veterans Affairs (VA) or by another provider or payer.

Activities supported by the funding:
Care services in this legislation include geriatric evaluation, nursing home care in Veterans Health Administration (VHA) and community-based facilities, domiciliary services, adult day health care, noninstitutional alternatives to nursing home care, and respite care.

Respite connection:
Respite care is part of the Veteran’s Medical Benefits Package. VA medical centers may provide respite care for up to 30 days per calendar year to eligible Veterans. Additional care days may be permitted with the approval of the medical center director for unexpected situations such as the death of the caregiver. Respite may be provided at the VA medical center, a community setting, or in the Veteran’s home.

Issues for consumers, providers, and advocates:
Respite is a covered benefit for all Veterans enrolled in the VA health care system or who are eligible for VA health care without the need to enroll for such care.

Federal funding agency:
U.S. Department of Veterans Affairs, Veterans Health Administration.

Points of contact:
Veterans can access information about their health benefits on the U.S. Department of Veterans Affairs website.
http://www.myhealth.va.gov/

Contact information for VA offices and facilities can be found on the U.S. Department of Veterans Affairs website.
http://www.va.gov/landing2_locations.htm

For questions about VA Caregiver Support Services, contact VA’s Caregiver Support Line at 1-855-260-3274 or see http://www.caregiver.va.gov/help_landing.asp for help finding a local Caregiver Support Coordinator.
Related links:
U.S. Department of Veterans Affairs. VA Caregiver Support and Respite Care. 
http://www.caregiver.va.gov/

U.S. Department of Veterans Affairs. Veterans Health Administration. Geriatrics and Extended Care. 

References:
http://www1.va.gov/vhapublications/ViewPublication.asp?pub_ID=1802
**Aid and Attendance and Housebound Benefits**

*Program purpose:*
To provide assistance to Veterans with special needs.

*Beneficiaries:*
Veterans with medical needs or mental or physical disability who are at least 65 years old or permanently and totally disabled if they are younger. This includes Veterans who are blind or confined to the bed.

*Funding:*
The Department of Veterans Affairs (VA) pays a maximum of $2,900/month to qualified married Veterans. Single Veterans and surviving spouses may be eligible for smaller payments.

*Activities supported by the funding:*
This is a benefit paid in addition to a monthly VA pension.

*Respite connection:*
Funds may be used in any way, including paying for respite care.

*Issues for consumers, providers, and advocates:*
Veterans must be receiving a regular VA pension. Qualifying Veterans must be at least 65 years old or permanently and totally disabled.

To qualify for the Aid and Attendance Benefits, Veterans must have medical needs—requiring assistance with activities of daily living, being blind, being bedridden, or having a mental or physical disability—that require care in an assisted-living facility or nursing home.

To qualify for Housebound Benefits, Veterans must have a 100% disabling conditions that substantially confines them to home or one 100% disabling condition and another disability or disabilities evaluated as being 60% or more disabling.

*Federal funding agency:*
U.S. Department of Veterans Affairs.

*Points of contact:*
Contact information for the appropriate VA Regional Office is available on the U.S. Department of Veterans Affairs website.
http://www.va.gov/directory/guide/home.asp?isflash=1

*Related links:*

U.S. Department of Veterans Affairs, Veterans Health Administration, Geriatrics and Extended Care. *Paying for Long-Term Care.* [http://www.va.gov/GERIATRICS/Guide/LongTermCare/Paying_for_Long_Term_Care.asp#](http://www.va.gov/GERIATRICS/Guide/LongTermCare/Paying_for_Long_Term_Care.asp#)

*References:*
Volunteer Caregiver Support Network

Program purpose:
Developed to meet the growing need to support those outside the medical community who have the daily responsibility of caring for Veterans, who are ill, injured, or have disabilities, in their homes.

Beneficiaries:
Family caregivers of seriously injured Veterans with multiple injuries, traumatic brain injury (TBI), and/or spinal cord injury (SCI)

Funding:
In February 2008, the U.S. Department of Veterans Affairs’ (VA’s) Under Secretary for Health approved funding for programs to facilitate the transition and support of seriously injured Veterans with polytrauma, traumatic brain injury (TBI), and/or spinal cord injury (SCI) by providing specialized support and care in their homes and communities. The Veterans Health Administration’s (VHA’s) Office of Voluntary Service, in conjunction with other VHA offices, established Caregiver Support Network Services free to Veterans.

Activities supported by the funding:
The Department of Veterans Affairs Voluntary Service (VAVS) and the VA Office of Care Coordination (OCC) together formed the Caregiver Support Network. The program, available through local VA Health Centers, is comprised of trained volunteers from the community where the Veterans reside who provide up to 8 hours per week of free respite care for primary caregivers.

Respite connection:
Respite volunteers provide companionship and compassionate support for homebound Veterans, allowing their primary caregivers to take time off to complete necessary errands or enjoy a period of rest and relaxation.

Issues for consumers, providers, and advocates:
This program will aid both Veterans living in their homes and those who are no longer able to live independently but prefer an in-home alternative within their community. The Caregiver Support Network helps create access to needed home respite services for family caregivers, while giving members of the community an opportunity to volunteer with VA closer to home, regardless of distance from a VA facility. VAVS recruits, trains, and coordinates community volunteers to provide respite care in the homes of Operation Enduring Freedom/Operation Iraqi Freedom (OEF/OIF) Veterans. Volunteers must have their own source of transportation.

Federal funding agency:
U.S. Department of Veterans Affairs, Veterans Health Administration, VA Voluntary Service.

Points of contact:
Interested volunteers should contact the Voluntary Service Department at the local VA facility.

For questions about VA Caregiver Support Services or help finding a local Caregiver Support Coordinator, contact VA’s Caregiver Support Line at 1-855-260-3274 or search at http://www.caregiver.va.gov/help_landing.asp.
Related links:
U.S. Department of Veterans Affairs, Veterans Health Administration, VA Voluntary Service.
http://www.volunteer.va.gov/index.asp

References:

U.S. Department of Veterans Affairs, Veterans Health Administration, Voluntary Service. Volunteer with VA Caregiver Support Network (Brochure).
http://www.volunteer.va.gov/docs/Caregiver_Brochure.pdf
Veteran Directed Home and Community Based Services (VD-HCBS) Program

**Authorizing legislation:**
No specific authorizing legislation for VD-HCBS program.

**Program purpose:**
The VD-HCBS Program empowers veterans who are at risk of placement in a nursing home and their caregivers by giving them the ability to have direct control over the goods and services they receive.

**Beneficiaries:**
Veterans at risk of placement in a nursing home.

**Funding:**
The program is a collaboration between the Veterans Administration and the Administration for Community Living. The 57 participating U.S. Department of Veterans Affairs (VA) Medical Centers (VAMCs) in collaboration with over 115 Aging/Disability Network providers serve veterans with complex needs and those transitioning back to the community from hospitals and nursing home stays. VAMCs authorize a flexible spending budget based on the veteran’s assessed needs. The Aging & Disability Network provider works with the Veteran to develop a spending plan and assists them in securing the necessary goods and services that allow him or her to safely remain independent in the community.

**Activities supported by the funding:**
This consumer-directed approach empowers the veteran to actively participate in making informed decisions about accessing health and long-term care options. Veterans in the VD-HCBS Program are then able to select the services and goods that will best meet their long-term care needs to prevent an avoidable hospital admission or premature nursing home placement. The veteran in the VD-HCBS Program is supported by a person-centered counselor employed at an Area Agency on Aging, State Unit on Aging, Aging and Disability Resource Center or a Center for Independent Living to ensure the quality, satisfaction, and service delivery and to assist in finding and training workers and securing needed goods and services within the allocated budget. A financial management service ensures timely payment of the veteran’s employees.

**Respite connection:**
Respite is a core service supported by the funding. The VA is looking to expand a pilot program that focuses solely on self-directed respite.3

**Issues for consumers, providers, and advocates:**
Veterans of all ages are eligible for services under this program. To date this program has served over 3200 Veterans including both older and younger Veterans with complex needs and those transitioning back to the community from hospitals and nursing home stays.

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**Federal funding agency:**
U.S. Department of Veterans Affairs, Veterans Health Administration, Chief Business Office.

**Eligible entities:**
State Units on Aging, Area Agencies on Aging, Aging & Disability Resource Centers and Centers for Independent Living

**Points of contact:**
Information on states participating in the VD-HCBS Program, including contact information, is available on the Administration for Community Living website at [http://acl.gov/Programs/CIP/OCASD/VDHCBS/index.aspx#Status](http://acl.gov/Programs/CIP/OCASD/VDHCBS/index.aspx#Status)

**Related links:**


**References:**


Program of Comprehensive Assistance for Family Caregivers

Authorizing legislation:

Currently authorized through:
September 30, 2015.

Program purpose:
To provide assistance to family caregivers of Veterans.

Beneficiaries:
Veterans eligible for the program are those who are undergoing medical discharge from the Armed Forces for a serious injury (including traumatic brain injury, psychological trauma, or other mental disorder) incurred or aggravated in the line of duty on or after September 11, 2001, and their family caregivers. To be eligible the Veteran’s injury must require personal care services for at least six months.

Activities supported by the funding:
Approved family caregivers will receive

- instruction, preparation, and training to provide personal care services to the Veteran;
- ongoing technical support;
- counseling; and
- lodging and subsistence.

Family caregivers who are designated as primary providers of personal care services will also receive

- appropriate mental health services;
- respite care of at least 30 days per year, including 24-hour care of the Veteran;
- access to health insurance;
- travel expenses;
- a monthly stipend.

Respite connection:
Respite is a core service of the program. Respite must be medically and age appropriate and include in-home care.

Issues for consumers, providers, and advocates:
Eligible Veterans must be in need of personal care services because of an inability to perform one or more activities of daily living or is in need for supervision or protection on the basis of symptoms or impairment.

This program took effect in May 2011.

Federal funding agency:
Department of Veterans Affairs, Veterans Health Administration.
Points of contact:
Find Your Local Caregiver Coordinator at http://www.caregiver.va.gov/

Related Links:
U.S. Department of Veterans Affairs. Veterans Health Administration. VA Caregiver Support.
http://www.caregiver.va.gov/

http://www.caregiver.va.gov/pdfs/CaregiverFactSheet_Apply.pdf

References:
P.L. 111-163 Caregivers and Veterans Omnibus Health Services Act of 2010 (Title I, Caregiver Support).
