

*Chat Log*

Shonterria Charleston: Thank you for joining today's webinar. To access the audio for today's call, please dial (800) 832-0736 and when prompted enter meeting room number 7323988 #

Linda Charest: Hello everyone

Janice: hi

Linda Charest: I'm curious how we can use HUD-VASH in rural areas when the case management is often tied to a VAMC (which are not located in rural areas).

Linda Charest: Will the PPT presentation be provided to participants?

Janice: Yes. Also we will go back to your questions at the end

Linda Charest: Great - thanks!

Jeanie Akamanti: I would also like a copy of the slide deck. Will it be e-mailed out? And thank you!

Shonterria Charleston: Yes. The PPT will be available immediately following the broadcast.

Linda Charest: Veterans choice is great for medical care in rural areas, but it doesn't include other supportive services, like case management or mental health?

Eli: Do you know what is meant by "Veterans Healthcare programs" for ACA health insurance exchanges?

Jeanie Akamanti: We are finding a severe shortage of Tri-west providers in our rural area.

Gina Capra: Thanks for the feedback about Tri West. We are working with them to build the network more fully. What state are you in?

Gina Capra: Mr. Eli - Some Veterans may opt to pursue a private healthcare insurance product resulting from the Affordable Care Act. The VA has provided Veterans with information about the implications of choosing a private insurance product. A Veteran is permitted to have both VA Health Care coverage and a private product from the marketplace but they would not be eligible for the insurance subsidy.

Teala Robinson: What training do you engage in with local providers to meet the needs of Veterans accessing local services?

Shonterria Charleston: Please feel free to download the PPT directly from the "Files" pod directly above the chat box.

Jeanie Akamanti: We are in three states. SOUTHERN Illinois (we say we are in a different state than

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Chicago, which is 250 miles north of us). We also cover parts of Kentucky and Indiana, and are very close to Tennessee and sometimes have vets who come from there to our rural CBOCs.

Teala Robinson: How is Home Based Primary Care managed in rural areas? Is it difficult to find and provide services in rural areas specifically for this?

Gina Capra: Ms. Jeanie - Thank you. I have been working with the State Office of Rural Health in KY to promote participation in Veterans Choice Program by Community Providers. I will make note of IL and Indiana. The TN Primary Care Association is also currently engaged in promoting provider participation with VA as well.

Jeanie Akamanti: I appreciate that. I would further that the access and provider issues it is a demographic dilemma: Community providers are already saturated. And, it is VERY difficult to recruit and retain providers in this area, regardless of who is recruiting.

Gina Capra: Hi Teala! Thanks for joining the call. VA has specific guidance regarding the geographic "circle" around the "home" VA Med Center from which Home Based Primary Care is based. For example, a Home Based Primary Care Team will usually travel up to 50-75 miles out from their home base. This makes it a more limited resource for patients in our highly rural areas or those outside the parameters by which the clinical team is able to make their trips to a Veterans home. This is where the local social service and health care service organizations are so critical. VA's Geriatric and Extended Care Office, within which Home Based Primary Care resides, works closely with community contracted entities to extend the service reach especially for Veterans aging in place.

Eli: Thanks Gina, I appreciate your response.

Elizabeth: To your knowledge are there any examples of HPACT programs that are doing particularly well reaching out to rural Veterans?

Teala Robinson: Thank you for the reply. Definitely adds to the challenge for our rural areas.

Gina Capra: Ms. Elizabeth - I am aware of several successful Homeless Patient Aligned Care Team (HPACT) in New England but will defer to Roger.

Elizabeth: Ok, Thanks!

Jeanie Akamanti: Can anyone provide help with getting more (desperately needed!) vouchers for our homeless vets?

Janice: The Tennessee group is Eastern 8 CDC

Shonterria Charleston: <http://e8cdc.org/>

Linda Charest: This has been great - Will you send a copy of the chatbox out to the participants as well?

Janice: Sounds good

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Janice: The chatbox will be part of the record

Jeanie Akamanti: Follow up is VERY appreciated!

Ruth Matz: What are the eligibility requirements for Safe Haven services to be provided to a veteran in need?

Teala Robinson: I was referring to both.

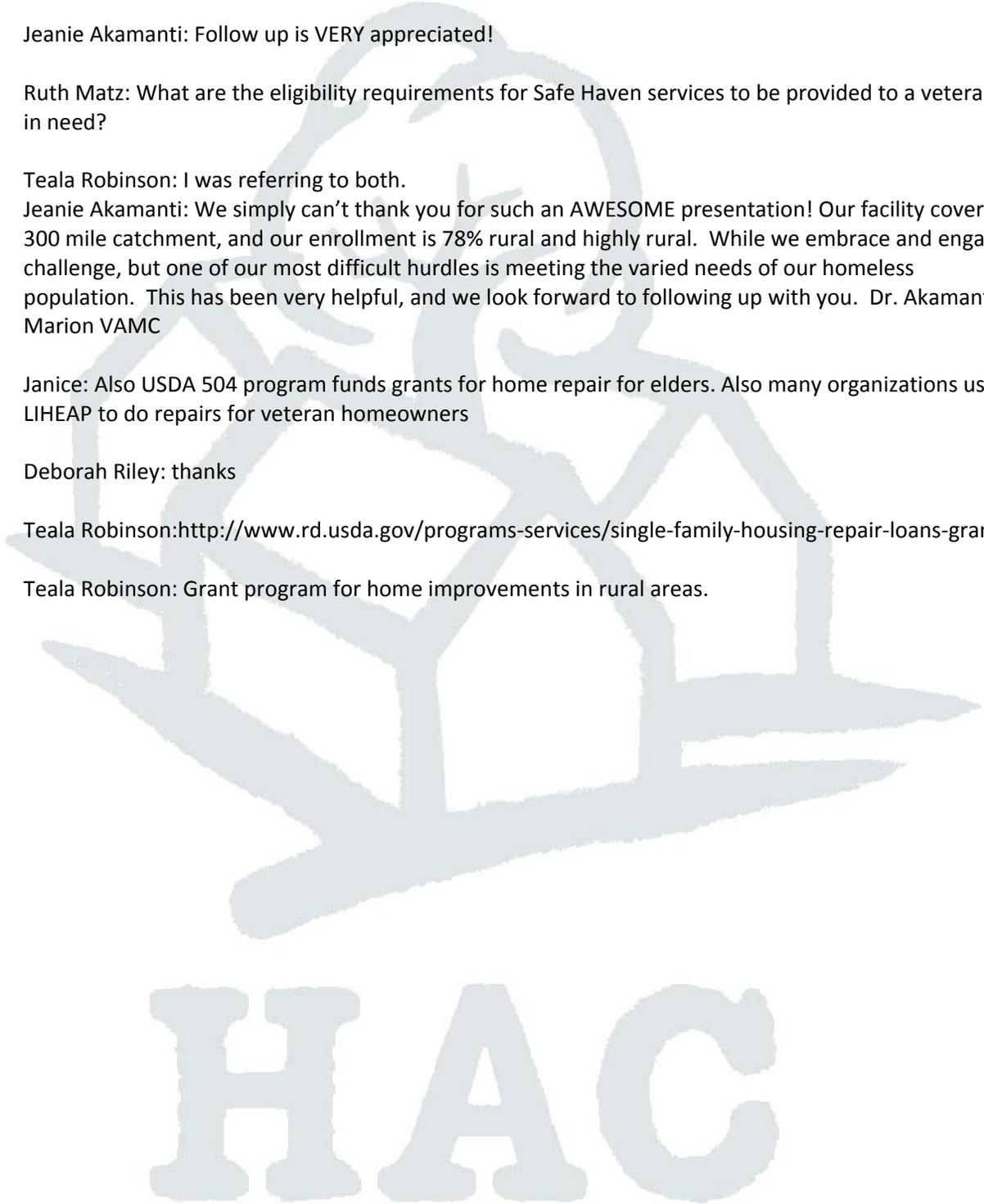
Jeanie Akamanti: We simply can't thank you for such an AWESOME presentation! Our facility covers a 300 mile catchment, and our enrollment is 78% rural and highly rural. While we embrace and engage challenge, but one of our most difficult hurdles is meeting the varied needs of our homeless population. This has been very helpful, and we look forward to following up with you. Dr. Akamanti, Marion VAMC

Janice: Also USDA 504 program funds grants for home repair for elders. Also many organizations use LIHEAP to do repairs for veteran homeowners

Deborah Riley: thanks

Teala Robinson:<http://www.rd.usda.gov/programs-services/single-family-housing-repair-loans-grants>

Teala Robinson: Grant program for home improvements in rural areas.



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