The Aging & Disability Network’s Role in Delivering Veteran’s Administration Self-Directed Programs

Veterans Health Administration (VHA) and Administration for Community Living (ACL)

September 12, 2013
Today’s Speakers

► Dan Schoeps, Director, Purchased Long Term Service and Supports, Veterans Health Administration

► Patrick O’Keefe, Program Analyst, Geriatrics and Extended Care, Veterans Health Administration

► Kevin Foley, Administrator of VA & HCBS Programs, Administration for Community Living
Agenda

During today’s session, we will provide information on:

► National Status of Veterans Directed Home and Community Based Services programs
► ACL Part A and Part B Grantees
► Feature:
  ■ Successes From the Field
    ■ Examples from Wisconsin and Ohio
► Share Best Practices/Lessons Learned
► Role of VD-HCBS in larger VHA Policy Initiatives
► Veteran Directed Respite
VD-HCBS National Status

Operational States: 25 of 50
Operational VAMCs: 43 of 154
Operational AAAs/ADRCs: 103

Total Veterans Served: 1531
Total Served Under 60: 355
Total OIF/OEF/OND Served: 215
2012 Aging and Disability Resource Center Awards
Administration for Community Living, Center for Medicare & Medicaid Services, Veterans Health Administration

Indicates States Awarded Part A (8)
States & Territories Awarded Part B (36)
Indicates States & Territories Not Eligible for Part B Funding
Indicates States & Territories that Did Not Apply for Part B Funding

Administration for Community Living
Part A ADRC Activities by Year

PART A:

Activities to be completed by end of Year 1

- Provider Agreement between a VAMC and ADRC

Activities to be completed by end of Year 2

- Develop a business model that documents long-term sustainability serving Veterans with Options Counseling in partnership with VA

Activities to be completed by end of Year 3

- Statewide agreement and/or coverage for delivering Veterans services through ADRC and have identified data elements and data sources that could be used to document program outcomes.
Part B ADRC Activities

- In conjunction with VHA’s strategic goal to expand VD-HCBS nationwide, under the Part B grant:

  - States had the option to choose to use ACL grant funds to support the Expansion and Sustainability of their ADRC/NWD systems

  - Many 2012 grantees chose to position themselves to develop the infrastructure to deliver VD-HCBS and over the past year have worked to complete the necessary readiness reviews in order to be eligible to deliver VD-HCBS.

  - ACL has seen an even greater interest in the proposals submitted for the 2013 ADRC/NWD Part B awards with many applicants choosing to target use of funding toward development or expansion of relationships with VA Medical Centers in an effort to serve Veterans residing in their states.
VDHCBS Successes From the Field

- Cost Comparison
  - VD-HCBS compared to Veterans in nursing facilities

- Making the Case to VA Leadership
  - Cost Comparison
  - Targeting & a focus on transitions
VDHCBS Cost Study

- Zablocki VA Medical Center (Milwaukee)
  - The study compared the cost effectiveness of a Veteran-Directed Home and Community Based Services Program (VD-HCBS) with traditional Community Nursing Home (CNH) care.
  - The study retrospectively compared the costs of care and patient satisfaction ratings of 23 patients in the VD-HCBS program with a sample of 31 controls in the VA CNH Program.

- In addition a comprehensive evaluation on the program was completed by:
  - State of Wisconsin, Department of Health Services, Bureau of Aging and Disability Resources
  - Greater Wisconsin Agency on Aging Resources, Inc. (GWAAR - AAA)
Results

- The average cost of care for a Veteran in the VD-HCBS program is less than half of that of CNH placement.
- Cost savings for 25 Veterans would amount to almost one million dollars per year. Note that the data do not include any medical or specialist care costs that might be incurred.
- Both groups had roughly the same number of Veterans with significant mental illness although the VD-HCBS group had fewer individuals with dementia than the CNH group. Both groups showed a high level of co-morbidity between physical and mental illness.
Both groups of Veterans were service connected anywhere from 70% to 100% service connected which is considered fully disabled, indicating that both groups consisted of Veterans with severely disabling conditions.

Veterans participating in the VD-HCBS program generally reported satisfaction with the services being offered.

The results support the VD-HCBS is less expensive than CNH care.
Other areas of Focus in Wisconsin

Transitioning Veterans:
- Attempt to relocate veteran from a CNH level of care to home using Self Direction
- VAMC has been able to identify some veterans who might be appropriate, however they’ve found some do not have the supports available to return home
- Currently have successfully transitioned veterans back home and into the VD-HCBS program.

Expansion:
- 15 additional slots for veterans served out of Milwaukee VAMC, expanded to all counties in the catchment area
- 5 to 10 additional slots for veterans served out of Iron Mtn VAMC, where the veteran resides in WI.
Chillicothe VAMC and AAA District 7 (Ohio) VD-HCBS Enrollment & Growth (Year 1)

# of Enrolled Veterans

Enrolled Vets <60 yrs old

2012

2013
Veteran Demographics and Enrollment

- Local referral practices and innovations with Community Living Centers (CLC), Primary Care Social Workers, and Home Based Primary Care Team (HBPC)
- Transitioning Vets out of Nursing Home Settings (VA CLC)
  - 14 Veterans transitioned out of institutional settings*
  - Large $$ savings for VA
  - Average Case Mix (D) Population

*as of June 2013
Presenting to VAMC Leadership Council

<table>
<thead>
<tr>
<th>VETERAN 1</th>
<th>Service Connectedness</th>
<th>Length of Stay</th>
<th>Cost of CLC Yearly</th>
<th>Cost of VDP Yearly</th>
</tr>
</thead>
<tbody>
<tr>
<td>VETERAN 2</td>
<td>100%</td>
<td>1yr/8 months</td>
<td>$232,000.00 (rehab-high) ANNUAL</td>
<td>$26,600.00 ANNUAL</td>
</tr>
<tr>
<td>VETERAN 2</td>
<td>90%</td>
<td>4 months</td>
<td>$13,888.00 (rehab –med) MONTHLY</td>
<td>$1957.00 Monthly</td>
</tr>
<tr>
<td>VETERAN 3</td>
<td>0%</td>
<td>2 yr</td>
<td>$225,176 (dementia unit-high) ANNUAL</td>
<td>$26,688.00</td>
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Measures

<table>
<thead>
<tr>
<th>Hours received in traditional H/HHA vs. VDP (weekly)</th>
<th>H/HHA- 4 hours per week</th>
<th>VDP- 36.07 hours per week</th>
</tr>
</thead>
<tbody>
<tr>
<td>Comparison of hours vs. cost between H/HHA &amp; VDP</td>
<td>$20.00 per hour</td>
<td>$13.27 per hour including admin. fee.</td>
</tr>
</tbody>
</table>

H/HHA = Homemaker/Home Health Aide
Best Practices shared from the Field

- Building Relationship with VAMC
  - Shared Goals
  - Regular Communication and Meetings
  - Champion Lead at VAMC
- Designing and Implementing Program
  - Capacity for Veteran Enrollment
  - Rural Challenges and Planning
  - Seamless Coordination from Referral to Service Delivery
  - Continued Quality Improvement
Veterans Directed Home and Community Based Services

Daniel Schoeps
Patrick O’Keefe
Veterans Health Administration
VD-HCBS - On the Day

- National roll out of the program by FY 2016
- Roll of VD-HCBS in larger VHA Policy Initiatives
  - Implementation of Case Mix and Budget Tool
  - Performance Measures
- Introduction of Veteran-Directed Respite
Purchased HCBS Case Mix and Budget Tool

- Answers the question posed by field staff of “how much home care?”
- Simple 16 Question Form
- Results in Case Mix Score Attached to Monthly Budget
- Tied to NICexp Performance Measure beginning in FY 2014
Aligning Dollars with Veteran Need

- Programs included in evaluation: Homemaker Home Health Aide, Community Adult Day Health Care, Community Based Respite and Veteran-Directed Home and Community Based Services

- Average Purchased HCBS Enrollee is Case-Mix “D” (4-6 of a total of 8 deficiencies in Daily Living Activities)

- In FY 2012, VA Paid Average of $1,788 Per Census Per Month (PCPM) for Personal Care Services in Home/Community (PCPM=Expenditures in 4 Programs listed above/Census in 4 Programs/Months)
<table>
<thead>
<tr>
<th>Case Mix</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>L</td>
<td>Very low ADL needs</td>
</tr>
<tr>
<td>A</td>
<td>Low ADL needs (up to three)</td>
</tr>
<tr>
<td>B</td>
<td>Low ADL needs and behavioral needs</td>
</tr>
<tr>
<td>C</td>
<td>Low ADL needs and special nursing needs</td>
</tr>
<tr>
<td>D</td>
<td>Moderate ADL needs (four to six)</td>
</tr>
<tr>
<td>E</td>
<td>Moderate ADL and behavioral needs</td>
</tr>
<tr>
<td>F</td>
<td>Moderate ADL needs and special nursing</td>
</tr>
<tr>
<td>G</td>
<td>High ADL needs (seven to eight)</td>
</tr>
<tr>
<td>H</td>
<td>High ADL needs and behavioral needs</td>
</tr>
<tr>
<td>I</td>
<td>High ADL needs and requires supervision for eating to prevent choking</td>
</tr>
<tr>
<td>J</td>
<td>High ADL needs, requires eating supervision to prevent choking, and has either a special neurological diagnosis or behavioral needs</td>
</tr>
<tr>
<td>K</td>
<td>Has high ADL needs and requires special nursing</td>
</tr>
</tbody>
</table>
Chart 3: H/HHA Current Per Veteran Average Monthly VHA Expenditure Compared to Regionally Adjusted MN Case Mix Medicaid Expenditure Rates
Lowering Home Care Costs

- National Roll-Out of Veteran Directed HCBS
- Rates are 25% Less Than Traditional Agency Care rates
- Sustainability Study Finds Significantly More Disabled Population in VD-HCBS than Agency Care - 40% Eligible for NH Placement Immediately
- Added focus on care transitions at CLCs and at the request of DOJ and OCR at selected State Veterans Homes.
- Supports CMS grants to improve Veteran access to HCBS
- In EDM proposal, First Year NH Cost Avoidance Between $38 - $117 Million after program cost
- Await Finance Committee
- Trade-Off with Performance Measure
Overall Case Mix Comparison From Sample

<table>
<thead>
<tr>
<th></th>
<th>% HHA</th>
<th>%VD-HCBS</th>
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<tbody>
<tr>
<td>L</td>
<td>21.2%</td>
<td>6.9%</td>
</tr>
<tr>
<td>A</td>
<td>20.8%</td>
<td>14.2%</td>
</tr>
<tr>
<td>B</td>
<td>3.3%</td>
<td>4.9%</td>
</tr>
<tr>
<td>C</td>
<td>0.0%</td>
<td>1.6%</td>
</tr>
<tr>
<td>D</td>
<td>24.5%</td>
<td>26.3%</td>
</tr>
<tr>
<td>E</td>
<td>5.6%</td>
<td>4.5%</td>
</tr>
<tr>
<td>F</td>
<td>1.5%</td>
<td>1.2%</td>
</tr>
<tr>
<td>G</td>
<td>7.8%</td>
<td>10.5%</td>
</tr>
<tr>
<td>H</td>
<td>1.5%</td>
<td>3.2%</td>
</tr>
<tr>
<td>I</td>
<td>4.1%</td>
<td>11.7%</td>
</tr>
<tr>
<td>J</td>
<td>6.7%</td>
<td>6.9%</td>
</tr>
<tr>
<td>K</td>
<td>3.0%</td>
<td>8.1%</td>
</tr>
</tbody>
</table>
Performance Measures & VD-HCBS

- Expenditure Based Measure Focusing on Personal Care Services
- Access Measure Based on Enrollment in HCBS Programs
- Impact on VD-HCBS
- Both Measures Will be Implemented in FY14
Veteran-Directed Respite

- Veteran-Directed Respite services (VDR) are a community based, self-directed care option that will be piloted with Veterans enrolled in the Program of Comprehensive Assistance for Family Caregivers (stipend program).
- This limited respite service joins two vital and growing Geriatrics and Extended Care (GEC) programs: Veteran Directed Home and Community Based Services (VD-HCBS) and Home and Community Respite.
- The respite offering is the product of a collaboration with the Office of Caregiver Support (Social Work and Care Management), GEC Clinical Operations, Health and Human Services Administration on Community Living (ACL).
Information About Upcoming Call

- Date: September 18, 2013
- Time: 2:00pm - 3:00pm (EST)
- To Register:
  - Webinar Link: https://www1.gotomeeting.com/register/438058464

- Additional Information on VD-HCBS
  - ADRC TAE Website for VD-HCBS with news, resources and key documents:
Questions & Answers