Veteran Directed Home and Community Based Services (VD-HCBS)

Administration on Aging & Department of Veterans Affairs Partnership
Objectives

► Background and Status of VD-HCBS
► Components of VD-HCBS
► Future Directions and Policy Perspectives
What is VD-HCBS?

► Program that provides Veterans of all ages with consumer-directed HCBS options and empowers Veterans to direct their own services and supports
► Supports families and family caregivers of Veterans
► Helps Veterans stay in their homes and be engaged in their communities
Veterans Health Administration

- **VHA Mission**: Honor America’s Veterans by providing exceptional health care that improves their health and wellbeing.

- **VHA Vision**: To be a patient-centered integrated health care organization for Veterans providing excellence in health care, research, and education; an organization where people chose to work; an active community partner and a back-up for National emergencies.
VHA Philosophy for LTC

► Provide Care in the least restrictive environment and whenever possible in home & community based settings

► Nursing home care should be reserved for situations in which the veteran can no longer be safely maintained in the home
Development of VD-HCBS

- Partnership between AoA/HHS and VA
- Builds on CLP and ADRC development in Aging Network
- Meets goals of AoA to increase access and availability of person centered/participant-directed service systems to all
- Assists VA to meet increasing demand for LTC and their goal to help Veterans stay in their own homes
AoA Goals: Increase access to/availability of person centered/consumer directed services

- AoA grants in all 50 states and 4 territories
- Recovery Act and CDSMP grants
- Partnerships with TA providers
  - National Resource Center for Participant-Directed Services (NRCPDS), and
  - The Lewin Group
- Network use experience for VD-HCBS
- VD-HCBS operational in 19 states
<table>
<thead>
<tr>
<th>State</th>
<th>AAAs/ADRCs Operating</th>
<th>VAMCs Operating</th>
<th>VAMC</th>
</tr>
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<tr>
<td>Arkansas</td>
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<td>Little Rock, Fayetteville</td>
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<td>DC</td>
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<td>North Chicago, Chicago, Danville, Hines</td>
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<td>Puget Sound</td>
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<tr>
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<td>1</td>
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<td><strong>Total</strong></td>
<td><strong>59</strong></td>
<td><strong>32</strong></td>
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Components of VD-HCBS

- Consumer directed services using flexible service budgets
- Assessment
- Service coordination
- Financial management services
Core Elements of VD-HCBS

► Provide access to information and support that empowers Veterans to make informed decisions
► Provide Veterans the opportunity to control and direct delivery of services that include hiring family and friends, and purchasing goods that help them stay at home
► Increase range of choices beyond traditional services
► Provide opportunity and ability to participate in design of services and planning of service allocation
VD-HCBS Model Work Flow

1. Referral
2. Intake
3. Assessment
4. Candidate Not Appropriate
   - 4a. Appropriate Candidate
   - 4b. Reassessment
5. Authorization of Plan
6. Develop Plan
7. Authorization of Budget Amount
8. Plan Distribution
9. Employer Paperwork
10. Hiring Assistance
11. Employee Paperwork
12. Timesheets and Invoices
13. Initiate Services
14. Establish Employment
15. Payments
16. Savings Fund
17. Rainy Day Fund
18. Quarterly Reconciliation
19. Reports
20. Quality Assurance Monitoring
21. Quality Assurance Monitoring
22. Reimbursement
23. Reconciliation
24. Monthly Budget
25. Develop Veteran Monthly Budget
# VD-HCBS Business Models

The following slide diagrams four VD-HCBS Business Models:

- The models reflect the work of 18 states and DC: AR, CT, FL, IL, LA, MA, ME, MI, MN, NH, NJ, NY, OR, SC, TX, VA, WA, WI

<table>
<thead>
<tr>
<th>Model</th>
<th>States</th>
<th>Which entity signs Provider Agreement (PA) with the VAMC?</th>
<th>Who performs the FMS functions?</th>
<th>Who provides the options counseling/care management for the Veteran?</th>
</tr>
</thead>
<tbody>
<tr>
<td>AAA signs PA, FMS vendor model</td>
<td>AR (Little Rock), CT, DC, IL, LA, ME, MI, NJ, NY, OR, STX, VA, WI</td>
<td>AAA</td>
<td>Vendor</td>
<td>AAA</td>
</tr>
<tr>
<td>SUA signs PA, FMS vendor model</td>
<td>MA, MD, SC, WA,</td>
<td>SUA</td>
<td>Vendor</td>
<td>AAA</td>
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<tr>
<td>Purely AAA-based model</td>
<td>AR (AAA of NW AR only), ME, NH</td>
<td>AAA</td>
<td>AAA</td>
<td>AAA</td>
</tr>
<tr>
<td>AAA signs PA, FMS and support broker vendor model</td>
<td>FL, MN, (NJ is planning switch to SUA signs PA)</td>
<td>AAA</td>
<td>Vendor</td>
<td>Vendor</td>
</tr>
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</table>
Starting a VD-HCBS Program: Key Component - #1

Completing a Readiness Review re Agency ability to assist Veterans with:

- Assessment and care planning
- Development of a plan for a mix of goods and services that best meet the needs and preferences of each Veteran
- Managing a flexible, individual budget
- Hiring and supervising their own workers
- Purchasing items and services to help them live independently
- Working with an FMS to facilitate payment and service delivery
- Utilizing traditional services as emergency back up
- Note: Readiness Review completed with NRCPDS
Starting a VD-HCBS Program: Key Component - #2

► Completing a Provider Agreement (ProVA) between VAMC and Network provider that outlines the policies and procedures for the program to include:

- Payment for VD-HCBS is for a bundled package of services that includes planned purchases of services and goods, a “rainy day” fund, and an agency oversight fee for service coordination, agency administrative costs and financial management services.
- Approach to rates (case-mix v. individual assessment) determined locally within caps set by VA Central Office.
- An initial assessment that is reimbursed separately from the budget, at a set rate, for each Veteran referred.
- VA review of Veteran care through telephone contact, satisfaction surveys and periodically meeting with the agency and Veteran.
- Monthly invoices provided to the VAMC for reimbursement.
Key Operational Components of a VD-HCBS Program

► VAMCs will refer eligible Veterans (or must approve Veterans referred from other avenues)
  ▪ Eligible Veterans: require a considerable amount of personal care assistance and/or experience difficulties with traditional agencies and desire to self direct their care

► Agency will do an assessment, and with Veteran, develop a plan of services

► Agency will provide ongoing support for Veteran including use and assistance with financial management services

► VA expects that the Agency, at least performs:
  ▪ Reassessments semi-annually in the first year
  ▪ Conducts quarterly visits with the Veteran to monitor well-being

► Agency must provide monthly invoices for reimbursement with estimated or actual expenses as agreed between VAMC and Agency
Veteran Directed Home and Community-Based Services

**Veterans Affairs Medical Center**

1. Assesses Vet to determine eligibility.

   - 3+ KSA
   - Age 75+
   - Lives alone
   - Diagnosed with AD

2. Services through VMAC Extended Care Provider Arrangements

3. Vet offered VD – HCBS

4. Referred to AAA/ADRC with assessment information.

5. VMAC Extended Care Coordinator monitors VD-HCBS services

6. AAA/ADRC schedules intake assessment session with Veteran

7. VMAC Approves Payment Tier

8. Payment Tier sent to VMAC for approval

9. Individual budget and payment tier established by AAA/ADRC

10. AAA/ADRC authorizes spending plan and connects Vet to Fiscal Intermediary/FMS

11. Vet trains and supervises employees with assistance from AAA/ADRC

12. AAA/ADRC meets periodically with Vet and Vet’s family to assess spending plan and services & troubleshoot issues

13. Vet approximates time cards and submits to Financial Management System (FMS) with receipts for purchases

**AAA / ADRC**

1. Using VMAC provided info & Vet input, Vet centered assessment of need conducted (likely at Vet’s home)

2. Payment Tier approved by VMAC

3. Payment Tier sent to VMAC for approval

4. VMAC approves Payment Tier

5. Individual budget and payment tier established by AAA/ADRC

6. AAA/ADRC authorizes spending plan and connects Vet to Fiscal Intermediary/FMS

7. Vet trains and supervises employees with assistance from AAA/ADRC

8. AAA/ADRC meets periodically with Vet and Vet’s family to assess spending plan and services & troubleshoot issues

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**KEY OF ACRONYMS**

AAA = Area Agency on Aging
ADRC = Aging and Disability Resource Center
ADL = Activities of Daily Living
IADL = Instrumental ADL
HOME = Home Health
TBI = Traumatic Brain Injury
VA HCBS = Veterans Directed Home and Community-Based Services
VMAC = Veterans Affairs Medical Center
Lessons Learned from Operational Sites

► You are never in this process alone. When you need help, ask your AoA Regional Staff or Project Officer, NRCPDS, or Lewin leads for assistance or seek guidance from a colleague in an operational site.

► Keep in close contact with VAMCs: meet regularly and often, and whenever possible, in person.

► VD-HCBS is a complex, multi-faceted program. Working through these components early with the VAMC will ensure a successful program once Veteran enrollment commences.
VD-HCBS Implementation Training Series

► A series of 8-10 Webinars, each focusing on a different element and component of VD-HCBS

► Purpose: Provide education to sites in the early/mid development stage of program implementation.

► GOAL: Give sites the tools and confidence required to finalize VD-HCBS partnership in order to serve Veterans in a fully consumer-directed program
Future Directions and Policy Perspectives

► Demand for consumer direction and VD-HCBS will continue to grow
► VA envisions programs in at least 45 VAMCs by end 2011
► GOAL: Have as many sites here today develop and implement a VDHCBS Program by the end FY2012
► Envisioning a nation-wide participant directed program by the end of FY2013
Resources for Development of Consumer Directed Programs including VD-HCBS

- AoA web page: Home and Community Based Services (http://www.aoa.gov/AoARoot/AoA_Programs/HCLTC/index.aspx)
- National Resource Center for Participant Directed Services (NRCPDS) (http://www.bc.edu/schools/gssw/nrcpds/)
- Lewin Group, Inc. (contact via TA Exchange web site)