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

Administration on Aging & Veterans Affairs
Partnership

National Home & Community Based Services Conference
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Presenters

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Objectives

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

► Program that provides Veterans 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
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.
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 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 keep Veterans in their 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 14 states
National VD-HCBS Landscape
Stage of Development

Indicates States Currently Enrolling Veterans as of 9.22.10
Indicates States Developing Provider Agreements
Indicates States in Early Stages of VD-HCBS Development
<table>
<thead>
<tr>
<th>VD-HCBS Operational States</th>
<th>AAAs/ADRCs operating VD-HCBS</th>
<th>VAMCs operating VD-HCBS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Arkansas</td>
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<tr>
<td>Wisconsin</td>
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<td>1</td>
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<tr>
<td>Total</td>
<td>41</td>
<td>21</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 Operational Models

The following slides diagram five models of VDHCBS operations
- Each model is in use in at least one site
- We based the models on our analysis of 13 states: AR, CT, FL, IL, MA, MI, MN, NJ, NY, TX, VA, WA, WI
- The table below summarizes the models

<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 support brokerage for the veteran?</th>
</tr>
</thead>
<tbody>
<tr>
<td>AAA signs PA, FMS vendor model</td>
<td>AR (Little Rock), CT, IL, MI, NY, TX, VA, WI</td>
<td>AAA</td>
<td>Vendor</td>
<td>AAA</td>
</tr>
<tr>
<td>SUA signs PA, FMS vendor model</td>
<td>MA, WA</td>
<td>SUA</td>
<td>Vendor</td>
<td>AAA</td>
</tr>
<tr>
<td>Purely AAA-based model</td>
<td>AR (AAA of NW AR only)</td>
<td>AAA</td>
<td>AAA</td>
<td>AAA</td>
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<tr>
<td>AAA signs PA, FMS and support broker vendor model</td>
<td>MN, NJ (NJ is planning switch to SUA signs PA)</td>
<td>AAA</td>
<td>Vendor</td>
<td>Vendor</td>
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<tr>
<td>AAA signs, state FMS, support broker vendor model</td>
<td>FL</td>
<td>AAA</td>
<td>State Agency</td>
<td>Vendor</td>
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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+ ADLs
   - Significant aggravation
   - 2+ ADLs and 2yr more
   - Not eligible

2. Services through VAMC Extended Care Provider Arrangements
   - Accepts
   - Refused
   - VAMC Extended Care Coordinator monitors VD-HCBS services

3. Refers to AAA/ADRC with assessment information.

4. AAA/ADRC scheduled intake assessment session with Veteran
   - Payment Tier
     - Low
     - Medium
     - High
     - Exceptions

5. Using VAMC provided info & Vet input, Vet-centered assessment conducted (likely at Vet’s home)

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

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

9. Vet hires employees and purchases goods and services to fulfill higher monthly service plan

10. AAA/ADRC authorizes spending plan and connects Vet to Fiscal Intermediary (FIS)

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

**KEY OF ACRONYMS**

- AAA = Area Agency on Aging
- ADRC = Aging and Disability Resource Center
- ADL = Activities of Daily Living
- IADL = Instrumental ADL
- HH = Home Health
- VA = Veterans Affairs
- VA-HCBS = Veterans Directed Home and Community Based Services
- VAMC = Veterans Affairs Medical Center
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

► Affordable Care Act: support for ADRCs, MFP, Care Transitions and CLASS Act; AoA & CMS provide $60 million in new grants
  ▪ All include core element of participant-direction
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/)

► Developing and Implementing Self Direction Programs and Policies: A Handbook
  (http://www.cashandcounseling.org/resources/handbook)

► Lewin Group, Inc. (contact via TA Exchange web site)