

Veteran Directed Home and Community-Based Services (VDHCBS)

Frequently Asked Questions

updated as of February 17, 2010

CATEGORY: COORDINATION

Q1: How will the provision of evidence-based chronic disease self-management programs fit with the product purchased by the VA?

If evidence-based disease prevention or disease management programs are offered by the VAMC, the Veteran should seek services through the VAMC. If they are not available through the VAMC, the Veteran may purchase those services as part of his/her individual budget under VDHCBS.

Q2: How will situations be handled where the consumer would like to receive some services through traditional VA service model & others through VDHCBS?

Veterans remain eligible for all VA services, except Homemaker/Home Health Aide Program (already covered by VDHCBS), Adult Day Care (if covered by VDHCBS), and Skilled Home Care (if covered by VDHCBS). Whether a VDHCBS site includes adult day care or skilled home care should be determined between the VAMC and the AAA and factored into the payment rates for the program.

Q3: How will the coordination between the systems work?

Each VAMC will have a VDHCBS coordinator who will work with the designated individual(s) at the AAA to assist the Veteran and the AAA in coordinating VA/AAA services.

Q4: Historically, the VA has provided the "Aid and Attendance" cash payments to Veterans. Isn't that a cash (maybe without counseling) program? Can people get this and VDHCBS?

Aid & Attendance is an added payment to a Veteran's VA Compensation or Pension, based on a Veteran's need for assistance with activities of daily living. Veterans receiving A&A are eligible for the VDHCBS. The receipt of Aid and Attendance payments cannot be considered when determining the amount and type of long-term care services a Veteran requires through the VDHCBS program.

Q5: How does the AAA determine if a client, not directly referred by the VA to the program, is eligible for VDHCBS?

The AAA/ADRC should contact the VDHCBS coordinator at the VAMC who will assist with eligibility determination.

Q6: What referral information goes to the AAA from the VAMC? Are there restrictions due to confidentiality?

Each VAMC and AAA/ADRC/SUA will work out their own arrangements for sharing information. HIPAA compliance is required by the Provider Agreement.

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CATEGORY: FUNDING

Q7: How will payment to the AAA work?

The VAMC will make monthly payments after the AAA submits a claim. The monthly payments will be inclusive of all VDHCBS costs (i.e., direct services and administrative costs). Where possible, payments will come through electronic funds transfers.

Q8: How are reimbursement rates determined?

Payment rates will be established between each VAMC and AAA, with guidance from VA Central Office. VA Central Office will provide each VAMC with a range of county-based rates sufficient to cover all most cases. Rates above the range require VA Central Office approval (e.g., ventilator care, TBI).

Each VAMC will have two options: (1) set rates within the range, based on services offered; or (2) allow individualized rates, based on the AAA assessment, within the range.

Under either system, rates should be inclusive of costs of direct services, fiscal management, case management/service coordination/support brokerage, and other administrative costs and overhead.

Q9: How will exceptions be granted for higher budgets?

When the AAA and VAMC agree that a rate above the local maximum is appropriate (expected in certain cases, e.g., ventilator care, TBI), the VAMC will seek an exception from VA Central Office (VACO). VACO is expected to approve or disapprove a proposed rate within 24 hours of the VAMC request.

Q10: Will VDHCBS offer AAA/ADRCs an advance on payments to cover up front administrative costs or the cost of services provided prior to the receipt of the first payment for a Veteran?

The VA will not pay up-front costs. However, we encourage Community Living Program grantees to work with your AoA project officer on ways to leverage the grant to support VDHCBS implementation. Also, some Fiscal Management Services vendors will provide up-front funding for services and build this cost into the monthly rate they charge.

Q11: Will there be a limit to how much money each Veteran receives each month or year?

A Veteran will not directly receive money. Established rates will be in place based on the agreement between the AAA and VAMC. See Q8 and Q9 above.

Q12: Will there be care plan funding caps per individual?

Care plans will not have caps, per se. However, the rates paid by the VAMC to the AAA will have limitations as described in Q8 above.

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Q13: If a participant is under-spending his budget, will the budget be adjusted downward if it is determined that the full amount is not needed, and how will this be done? Is there a limit on rainy day funds - the amount of time or the amount of funds that can accumulate over time?

VA will monitor over and under-spending. Veterans can carry over unspent funds from one month to the next as long as there is a plan for use of these savings in his/her spending plan. Based on the experience in the first year, VA will decide whether to limit the amount of funding that can accumulate over time.

Q14: What happens in cases of overpayment?

VA will work closely with the AAAs/SUAs to ensure there is no permanent overpayment.

Q15: Why doesn't VA provide funding for assisted living level of care?

VA is prohibited by law for paying for assisted living, although some VAMCs cover the health care costs of individuals residing in an assisted living setting. VA is also initiating a pilot program to purchase specialized assisted living services for Veterans with TBI.

CATEGORY: PARTICIPANT-DIRECTION PROGRAM PARAMETERS

Q16: How does the Cash & Counseling model shift risk to the participants - contracts? Bounded choices, related to risk in choices? Example: when a client chooses to save for a ramp instead of personal care and then develops a decubitus ulcer - who covers the risk?

The TAE hosted a call led by staff from the National Resource Center on Participant Directed Services in June 2009. The presentation from this call is available at <http://www.adrc-tae.org/tiki-index.php?page=JuneNHD09>. Participants assume the responsibility and risk for developing and following a plan of care that meets their needs. Their plan is developed in collaboration with a case manager/support broker. Research from the Cash and Counseling demonstration shows that individuals who self-direct have fewer negative health outcomes, including fewer decubitus ulcers, than individuals who do not self-direct. Also, as a technical note, the VA would cover the ramp under its HISA (Home Improvement/Structural Alteration) grant.

CATEGORY: SUA AND AAA ROLES

Q17: Since the provider agreement is between VA and AAA, what is the role of the SUA in the VDHCBS project?

State Units on Aging in the CLP-VDHCBS program are the grantees and should play a facilitation and leadership role in each state, even if the funding flows directly from a VAMC to a AAA. We expect that the nature of the state-level involvement will depend on characteristics unique to each state, but we expect SUAs to be involved in planning and development work wherever VDHCBS is being implemented. While most provider agreements are between a VAMC and an ADRC/AAA, Massachusetts and Washington chose to have the SUA enter into the provider agreement to ensure consistency across the state. If the SUA is not providing the administrative, counseling and FMS directly, then there would need to be a service contract/agreement between the SUA and the local agency.

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Q18: How do AAAs which don't provide direct services such as personal care truly become a partner in cash & counseling? Our state has prohibited our case managers from serving as support brokers so there seems to be a limited role for us.

- We encourage the person who asked this question to contact their AoA project officer or a TA partner to discuss this issue further. However, personal care in self-directed programs is most often provided by individuals hired by participants. AAAs will generally provide or arrange for case management/support brokerage and fiscal management services; both help facilitate the provision of participant-directed services.

CATEGORY: SERVICES

Q19: Would the VA pay for case management if the participant desired this service? What about in home counseling or other mental health services?

The VAMC payment to the AAA/ADRC will include payment for case management/support brokerage. The inclusion of in-home counseling or other mental health services is not prohibited and should be part of the discussion between the VAMC/AAA on service packages.

CATEGORY: TARGET GROUPS

Q20: Who is the target population? Vets of all ages, or is there a focus on aging?

Veterans of all ages who need home and community care services to keep them from institutional care.

Q21: The targeting criteria in the VDHCBS standards leaves out the health and psychological well-being of the caregiver. Can this be included as one of the criteria that determine eligibility and designation as part of target population?

VAMCs consider caregiver status in making referrals to all long-term care programs. Once a VAMC makes an eligibility determination and refers a Veteran to the AAA/ADRC, the person-centered assessment process should include consideration of caregivers and their well-being.

Q22: "Living alone" under target population should be expanded to include strength of informal caregiving and supports.

Like caregiver status above, other informal supports are considered in making long-term care placements. However, living alone is a category in the VA management information system, and VA's information systems are unlikely to become more sophisticated or nuanced in the short-term.

Q23: Is this new VDHCBS program exclusively for people who want a participant-directed model?

The VAMC should only be referring Veterans who are interested in self-direction, and self-directed care should be the primary mechanism for service delivery. However, within the program some services can be provided through traditional models (e.g., home delivered meals) as long as those services are not the dominant drivers of the overall plan of care. If a VAMC refers a Veteran for VDHCBS and the Veteran ultimately decides that he/she prefers not

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to use the self-directed model, the Veteran should be referred back to the VAMC to receive services and not be served under this program.

Q24: Will the VDHCBS initiative include transitioning folks out of VA institutional settings now or in the future?

The VA is open to serving individuals who transition out of institutional settings. However, this has not been designed specifically as a transition initiative.

Q25: Who will be responsible for identifying individuals for this program?

Primarily, the participating VAMC. If an AAA/ADRC identifies a potential candidate, they should refer the candidate to the VAMC to determine eligibility.

CATEGORY: STANDARDS

Q26: Are there any written guidelines or requirements beyond the Provider Agreements and "Standards"?

VDHCBS is a part of VA's Homemaker/Home Health Aide Program. There are VA policy documents governing the program that affect VA's internal management of VDHCBS. There are no specific policy documents on VDHCBS at this time. VHA is currently updating the program standards.

CATEGORY: FISCAL MANAGEMENT SERVICES

Q27: What will be the process to determine if a AAA or their FMSA has sufficiently met requirements of the readiness review? If they have not sufficiently met the requirements, will the AAA or FMSA be prevented from providing service? How will the Readiness threshold be determined?

The VA is contracting with the National Resource Center for Participant Directed Services to conduct readiness reviews. AAAs or FMSAs may not operate VDHCBS until they meet the requirements in the readiness criteria. Technical assistance will be made available to grantees when necessary to help them meet the readiness requirements. The readiness criteria were distributed to all VDHCBS AAAs on March 16, 2009 and are available through your AoA project officer or by contacting Dianne Kayala at kayala@mail.bc.edu.

Q28: AAAs are encouraged to use the "Cash and Counseling" model and most Cash and Counseling programs use a Fiscal/Employer Agent FMS model and not an Agency with Choice model. Will the VA have any requirements or other incentives for AAAs to provide one FMS model over another?

Any model that meets the readiness criteria, meets IRS requirements, and can effectively meet the needs of Veterans is acceptable. However, the fiscal/employer agent model is preferred, and agency with choice models will only be acceptable if they truly place the Veteran in charge of services and service delivery.

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CATEGORY: STAKEHOLDER PARTICIPATION

Q29: For states doing this already or soon and VA reps: What has been the role of service and leadership organizations such as AmVets, VFWs, Purple Hearts, etc?

At the national level, the Veteran Service Organizations are aware of this program. In local areas, these groups may be good candidates for participation on advisory groups or planning committees.