

# VD-HCBS

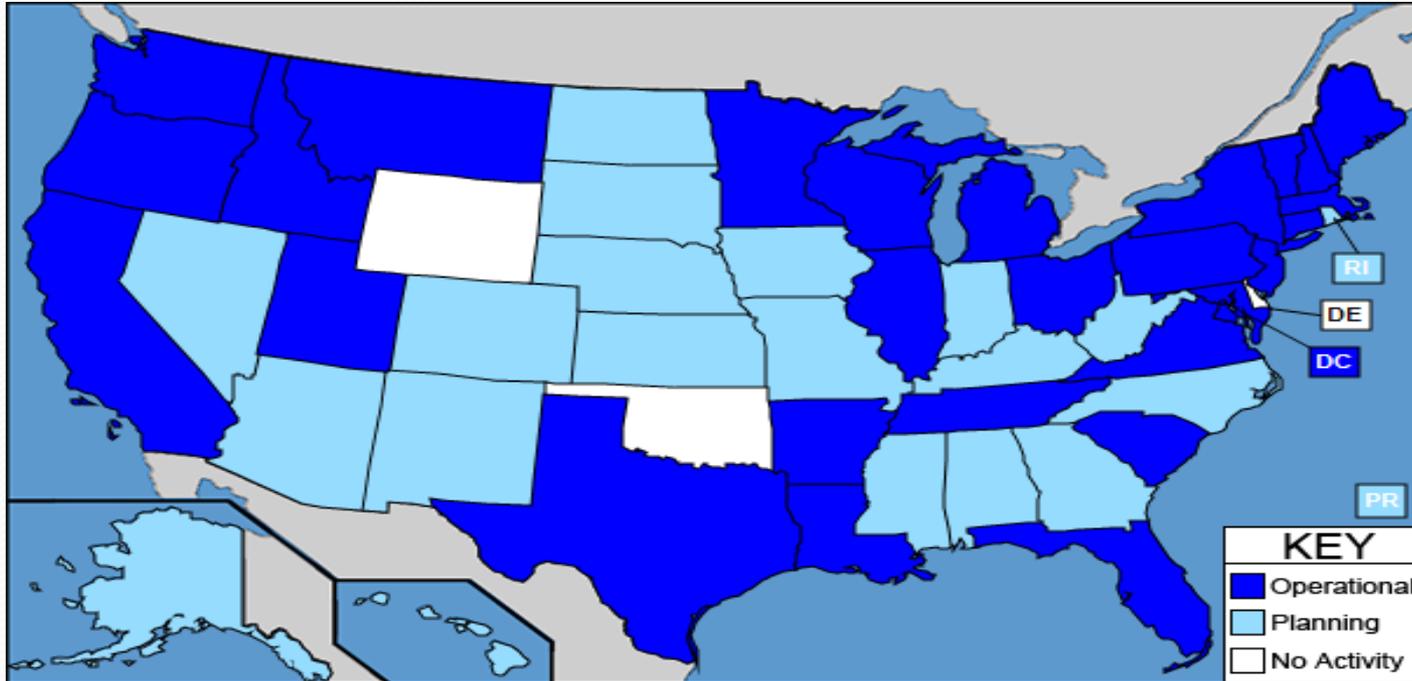
Veteran Directed Home & Community Based  
Services

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# VD-HCBS Status Map



<b>Operational VD-HCBS Programs</b>	
<i>States</i>	<i>27 and the District of Columbia</i>
<i>VISNs</i>	<i>17 out of 21</i>
<i>VAMCs</i>	<i>47 out of 154</i>
<i>Ageing &amp; Disability Network Sites (SUAs, AAAs, ADRCs)</i>	<i>104</i>

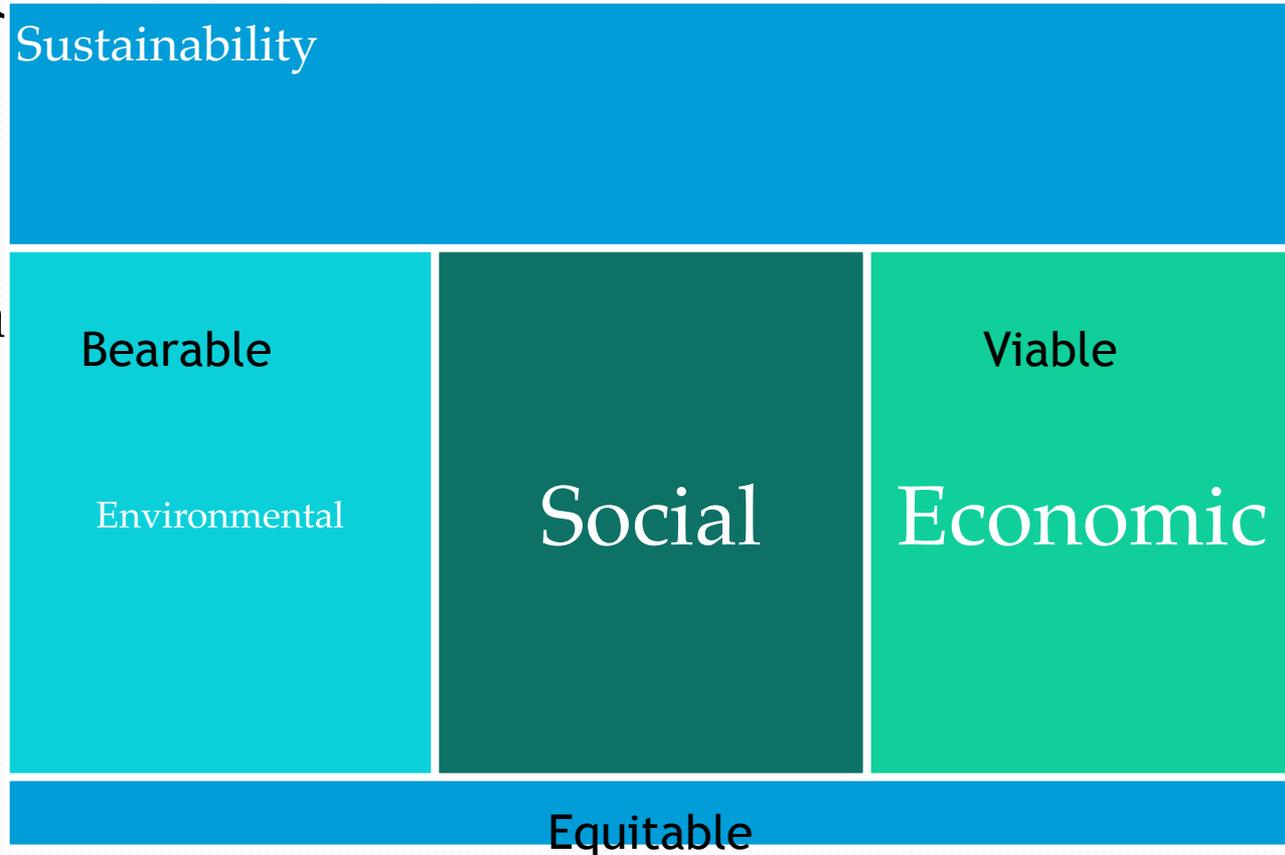
# VD-HCBS Sustainability

- What is VD-HCBS Sustainability?

1. Environmental

2. Social

3. Economic



# What are the Challenges to VD-HCBS Sustainability

- Environmental Challenges
  - Pressure to reduce non-VA care spending
  - Focus on priority issues and dealing with crises at hand
  - Competing against other service lines
  - Concerns with self-direction?
- Social Challenges
  - Veterans not fully-aware of what it means to self-direct their own care
- Economic Challenges
  - VD-HCBS requires a larger investment in HCBS
  - NH/HCBS Rebalancing is a transformational shift
  - Veterans may have other forms of coverage

# What is VD-HCBS

- [http://www.va.gov/GERIATRICS/Guide/LongTermCare/Veteran-Directed\\_Care.asp](http://www.va.gov/GERIATRICS/Guide/LongTermCare/Veteran-Directed_Care.asp)
- Started in 2008
- The VD-HCBS program gives Veterans of all ages the opportunity to receive the home and community based services they need in a self-directed manner.
- Veterans in this program are given a flexible budget for goods & services that are managed by the Veteran or family caregiver, helps Veterans continue to live at home in their community veterans & their caregivers have greater access, choice and control over their long term care services.
- Over 1,600 Veterans have been served by VD-HCBS
  
- For example, Veterans can:
  - Decide for themselves what mix of services will best meet their needs
  - Hire their own personal care aides (which can include family, friends, or neighbors)
  - Receive assessment and care planning assistance
  - Manage a flexible, individual budget
  - Purchase items or services needed to live independently in the community
  - Have financial management and support services to facilitate service delivery

## Goals of the program

- Provide alternatives for nursing home placement
- Quality of life & Quality of care
- Patient satisfaction

# Participant-Directed Services



# Why Self Directed

Comparative effectiveness research on participant-directed programs found:

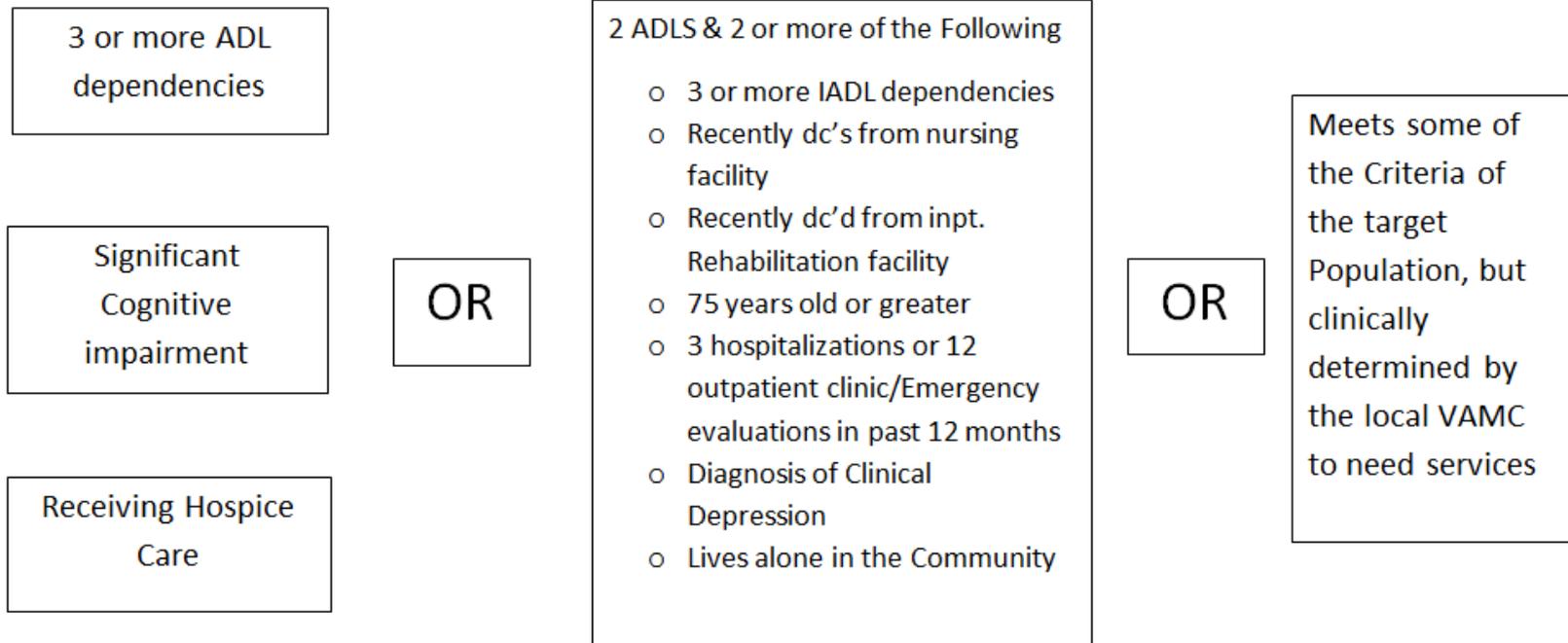
- Self-directing participants are up to 90% more likely to be very satisfied with how they lead their lives
- Self-directing participants have more positive health outcomes and significantly reduced personal care needs.
- Caregivers of self-directing participants are very satisfied with overall care and report less physical stress and emotional strain.
- Self-direction does not increase incidence of fraud and abuse.
- High-cost services are utilized less when basic support services are provided.

# Key Words

- FMS: Financial Management Service agency ( assists with payroll)
- Representative: Individual identified who will willingly accept responsibility for performing management tasks in the Veteran Directed Program
- Planned Savings: Savings for a 1 time big purchase
- RDF: Rainy Day Fund (available on emergency basis, workers unable to work ect)
- Care/Service Plan: The Spending Plan is the number of dollars per month the Veteran has available to him or her from the Veteran Directed Program to pay for goods and services s/he needs in order to remain in the community and support the goals identified.
- Case mix budget: Questions that determine monies allotted each month based on need of Veteran
- Personal care attendant: Provides care to Veteran

# Basic Qualifications for VD-HCBS Program

Veteran qualifies for Program if 1 or more of the following conditions are met:



\*\*All Veterans in VD-HCBS program must have a PCP within the VHASLCHCS to be eligible for the program

# Case Mix budget & Determination

- Based on a series of questions to determine needs
- **Components to Determine Case Mix Level:**
  - Number of ADL dependencies
  - Special Nursing, as defined
  - Behavioral Characteristics
  - Neurological diagnoses

# Allowable and unallowable

## Allowable VD-HCBS Expenditures

Veteran-directed community supports may include traditional goods and services as well as alternatives that support Veterans. There are four general categories of services which may be considered in VD-HCBS:

1. Personal Assistance
2. Treatment and training
3. Environmental modifications and provisions
4. Veteran-directed support activities

Additionally, the following goods and services that may also be included in the Veteran's budget as long as they meet the criteria and fit into the above categories:

- Therapies, special diets and behavioral supports not otherwise available through the State plan that mitigate the Veteran's disability when ordered by a VA primary care provider;
- Expenses related to the development and implementation of the Veteran's plan;
- Cost incurred to manage the Veteran's budget.

## Unallowable VD-HCBS Expenditures

- Services provided to Veterans living in licensed foster care or other congregate residential settings;
- Services covered by the Veterans Health Administration (VHA), Medicare, or other liable third parties including education, home-based schooling, and vocational services;
- Services, goods, or supports provided to or benefiting persons other than the Veteran;
- Any fees incurred by the Veteran such as medical fees and co-pays, attorney costs or costs related to advocate agencies, with the exception of services provided as flexible case management;
- Insurance except for insurance costs related to employee coverage;
- Room and board and personal items that are not related to the disability;
- Home modifications that add square footage;
- Home modifications for a residence other than the primary residence of the Veteran;
- Expenses for travel, lodging, or meals related to training the Veteran or his/her representative or paid or unpaid caregivers;
- Experimental treatments;
- All prescription and over-the-counter medications, compounds, and solutions, and related fees including premiums and co-payments;
- Membership dues or costs except as related to fitness or physical exercise;
- Vacation expenses other than the cost of direct services;
- Vehicle maintenance (can cover maintenance to modifications related to the disability);
- Tickets and related costs to attend sporting or other recreational events;
- Animals, including service animals, and their related costs;
- Costs related to internet access.

# Acceptable for Planned Savings

but not limited to

- Lift chair
- Positioning devices that are not covered by Medicare
- Lift mechanism for vehicles if not covered by VA
- Bed protectors
- Special undergarments
- Special clothing (i.e., open back with tie, orthotics, special shoes)
- Snow /ice removal
- Leaf removal
- Shower hose
- Grab bars
- Handicapped toilet
- Assistive devices that may not be covered by Medicare due to time period or increase in need
- Travel wheelchair
- Special medication reminders
- Back up power safety lights
- Hand held magnifiers
- Seat belt helper
- Swivel seat cushion
- Chair riser
- Automatic shut-off safety outlet
- Ergonomic rolling table
- Magnifier lamp
- Walker bags
- Walker tray
- Comfort cushion for wheelchair
- Automatic door opener (remote)
- Mobility backpack
- Plush foot pillows
- Easy read scale
- Adjustable bed rail
- Grip medication opener with magnifier
- Pill crusher
- Jar opener
- Ring pull for cans
- Footstool
- Lumbar support
- Special pens (ergo-joy)

# Responsibilities

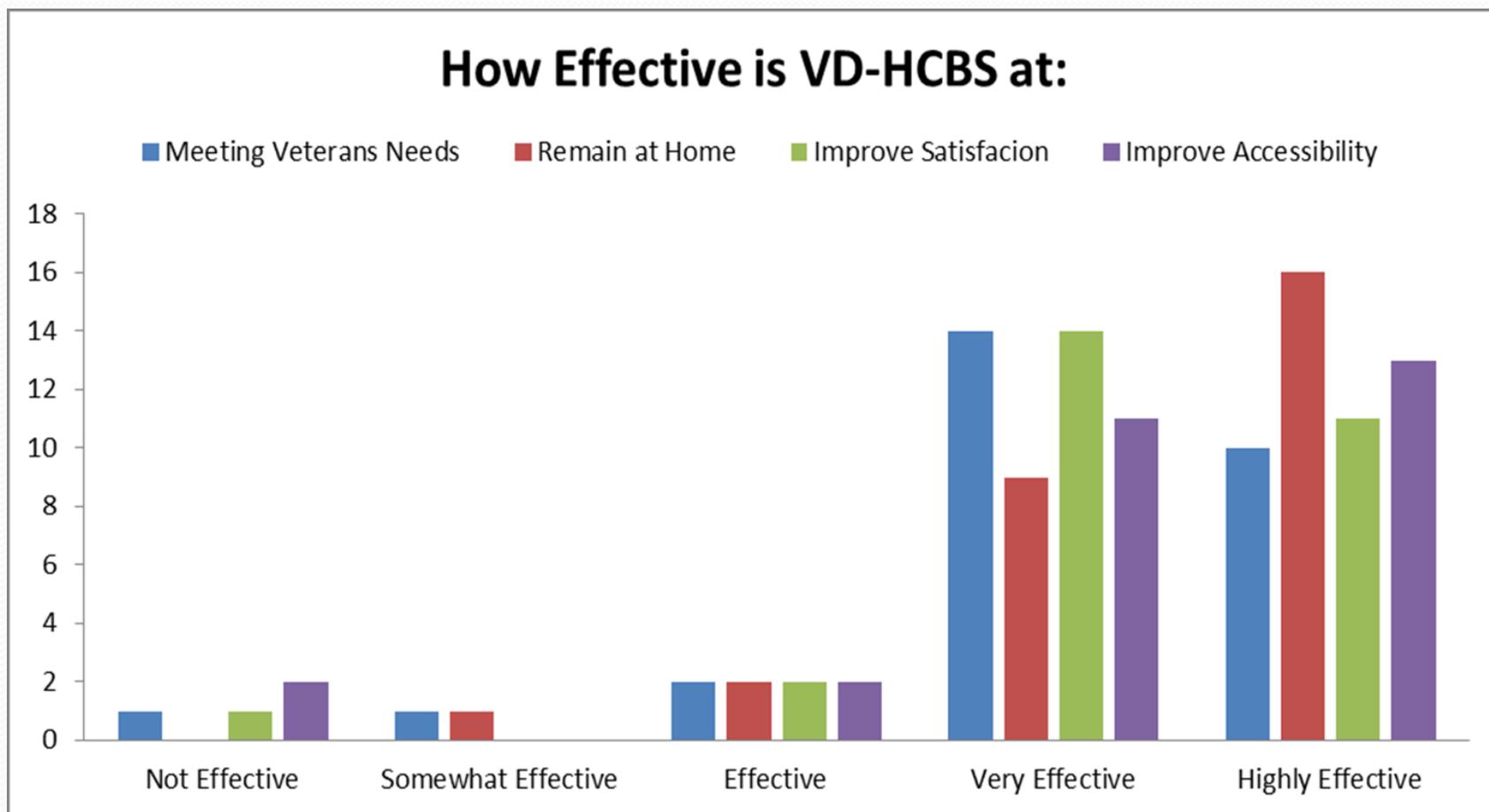
## ● CM responsibilities

- Conduct initial assessment
  - Assists with hiring for Veteran
  - Provides all info. For program
- Develop care/service plan
- Monthly Phone calls
- Quarterly home visits

## ● VA Responsibilities

- Budget for program
- Authorization of service plans, Approving Monthly budgets
- Initial assessment and referral to AAA,ADRC, SUA
- Other Administrative duties
- Authorize planned savings purchases
- Reconciliation of RDF

# Report of 27 VD-HCBS Coordinators



# The Analysis of the Veterans Experience Surveys

## Methodology

- Requests were sent to all VD-HCBS sites to determine which sites used a Veteran's Experience Survey
- In total, the Lewin Project Team collected 22 survey tools, some of which were used by multiple sites in a state
- Surveys questions were cross-walked to identify similar questions and overall themes which were organized into domain categories

## Methodology (Cont)

- Once the surveys were cross-walked and analyzed 5 domain categories were developed to organize the questions
- *The 5 domains are:*
  - *Services and supports*
  - *Caregivers*
  - *Interests and activities*
  - *Independence*
  - *Personal relationships, autonomy and privacy*
- A single scale was developed to combine dissimilar scales and apply a basis to standardize measurement across the responses from 22 survey tools
- A report of the findings was produced and recommendations were made for two national core surveys: one to be administered after 3 months of enrollment and a second to be administered annually

# Findings

## Veterans' satisfaction

- Overall 89% of Veterans responded positively to each question asked in the surveys
- Veterans experience high level of satisfaction regarding choice and control.
  - 52% strongly agree
  - 48% agree they are able to choose who provides their care
- Veterans agree or strongly agree that (99%) state caregivers do things the way they want them done
- Veterans strongly agree or agree (91%) that they control how they spend their VD-HCBS budget

\*Please note that the number of Veteran respondents change s because not every site asks each question

## Veterans' Independence

- *Veterans report that the VD-HCBS program is highly successful in maintaining independence while improving the quality of the Veteran's life*
- Of 237 respondents, 210 (or 89%) reported it was certain, very likely, or somewhat likely they would enter a nursing facility without these services
- Of 231 respondents, 95 % reported that VD-HCBS helps them a lot
- Of 159 respondents, 157 (or 99%) reported that VD-HCBS improves the way they live
- 100% respondents either strongly agree or agree that VD-HCBS has helped them to stay as independent as possible

## Veterans' Choice & Control

- *Other areas of satisfaction with choice and control*
  - 98% of respondents report they are satisfied with the care was provided to them
  - 100% of respondents report they receive services in the place they most desire
  - 99% of respondents report having enough choice over the services and products they use
  - 96% of respondents report they have support to engage in the activities that are important to them

## Domain Definitions

The report includes the findings for the five domain

Domain	Measure
<i>Services and supports</i>	<i>measures overall program satisfaction, satisfaction with counselors/brokers, the quality of written materials, assistance to be an employer, and the quality and amount</i>
<i>Caregivers</i>	<i>measures satisfaction with the choice, responsiveness and quality of caregivers and the Veteran's role as an employer</i>
<i>Interests and Activities</i>	<i>measures satisfaction with the Veteran's ability to engage in activities of their choosing and remaining active in the community</i>
<i>Independence</i>	<i>measures the program's ability to support the Veteran to maintain independence and improve how the Veterans live their lives</i>
<i>Personal relationships, Autonomy and Privacy</i>	<i>measure satisfaction with maintaining information about the Veteran confidentially and if the Veteran feels safe and secure in the home</i>

## Results

- *The results of the Veteran Experience Surveys analyzed indicate:*
  - The program is meeting its goals
  - The program provides high levels of satisfaction with services and supports
  - The program is fulfilling the program goals of the VA and Administration of Community Living (ACL) to assist Veterans to achieve improved health outcomes and meaningful community lives that afford them choice, control and independence

# How to get started w/ VD-HCBS

- 1. Contact VD-HCBS program coordinator at the SLC VA
- 2. Complete Readiness review with Boston College
  - Sandra Barrett
    - Telephone number: 501-690-4497
    - [sandragbarrett@sbcglobal.net](mailto:sandragbarrett@sbcglobal.net)
- 3. Program Coordinator will set up meeting with Aging Organization to discuss
  - Readiness review
  - Program
  - Forms needed
  - Info structure
  - Memo of understanding