Veteran-Directed Home and Community-Based Services (VD-HCBS) 101 Call

Presented by:
The Veterans Health Administration, Geriatrics and Extended Care Group and The National Resource Center for Participant-Directed Services (NRCPDS)

Revised April 2014
What is Participant Direction?

**Traditional Services**
- Agency recruits and manages workers
- Program and agency set tasks
- Agency specifies salary and benefits
- Normal work hour schedule
- Case manager determines needs and services
- Agency requires worker training

**Participant**

**Participant-Directed Services**
- Recruits, hires, and manages workers
- Makes decisions about needs and services
- Sets tasks
- Trains/arranges worker training
- Specifies salary and benefits (optional)
- Assigns flexible work hour schedule
Cash & Counseling (C&C) Demonstration and Evaluation

- Arkansas, New Jersey and Florida
- The C&C model is the same model as VD-HCBS
- Over 6,500 people randomly assigned to either:
  - Manage their own authorized budget amount
  - Continue with traditional agency-based services
- All participants were assessed for level of service based on functional need
Why Participant Direction?

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.
Prevalence of Participant-Directed Programs

- Employer Authority
- Employer and Budget Authority
- Employer Authority and VD-HCBS
- Employer and Budget Authority and VD-HCBS
Effect on Total State Costs

- Short term costs were higher:
  - C&C participants used the services they were authorized
  - In many instances, people receiving traditional services were not receiving all the services they were authorized to receive

- Nursing facility use was 18% lower for treatment group than those using agency care during a 3 year follow-up evaluation in Arkansas*

- Investment in all HCBS results in long term savings
  - Doesn’t reflect the 18% nursing facility reduction seen in participant direction **

VD-HCBS Program

- VD-HCBS serves Veterans of any age who are at risk of institutional placement.
- Veteran Affairs Medical Centers (VAMCs) purchase these services on behalf of Veterans from the Aging and Disability Network:
  - State Units on Aging (SUAs)
  - Area Agencies on Aging (AAAs)
  - Aging and Disability Resource Centers (ADRCs)
Veterans in VD-HCBS

- Receive assessment and care planning assistance
- Decide for themselves, or with a representative, what mix of goods and services will best meet their needs
- Manage a flexible, individual budget
- Hire and supervise workers, including family or friends
- Purchase items or services needed to live independently in the community
- Have financial management and support services to facilitate service delivery
Current Status and Future Direction

- The VD-HCBS Program is available at 43 VAMCs, 101 AAAs/ADRCs, and in 26 states
- VD-HCBS commenced at VAMC Battle Creek in February 2009
- By March 2014, over 1,400 Veterans have enrolled in the program
- The current funding level is $12 million
<table>
<thead>
<tr>
<th>State</th>
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<td>Wisconsin</td>
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<td>Milwaukee</td>
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VD-HCBS Program Review Findings

- 10 VD-HCBS Veterans and 10 Homemaker, Home Health Aide (H/HHA) Veterans from 27 VAMCS were evaluated in February 2012 for functional characteristics and assigned 1 of the 13 Case Mix Budget Levels using their researched methodology (and basis for rates)

- There were current costs captured for each of these Veterans as well as:
  - VAMC Program Coordinator Surveys
  - Overall FY 2011 VD-HCBS Costs and Census Data
  - Spending Plans and Invoices for VD-HCBS Veterans
Report of 27 VD-HCBS Coordinators

How Effective is VD-HCBS at:

- Meeting Veterans Needs
- Remain at Home
- Improve Satisfacion
- Improve Accessibility

Bar chart showing effectiveness levels:
- Not Effective
- Somewhat Effective
- Effective
- Very Effective
- Highly Effective
**Case Mix Descriptions**

**L:** Very low ADL dependencies (less than three and each can be scheduled ahead of time)

**A:** Low ADL dependencies (up to three and one or more may need on call support such as positioning or toileting)

**B:** Low ADL dependencies and behavioral needs

**C:** Low ADL dependencies and special nursing needs (such as tube feeding or ventilator care on every shift)

**D:** Moderate ADL dependencies (4-6)

**E:** Moderate ADL dependencies and has behavioral needs

**F:** Moderate ADL dependencies and special nursing

**G:** High ADL dependencies (7-8)

**H:** High ADL dependencies (7-8) and has behavioral needs

**I:** High ADL dependencies (7-8) and requires supervision for eating to prevent choking

**J:** High ADL dependencies (7-8), requires eating supervision to prevent choking, and has either a specific neurological diagnosis or behavioral needs

**K:** Has high ADL dependencies (7-8) and requires special nursing
Overall Case Mix Budget Comparison From Sample

<table>
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<tr>
<th></th>
<th>% H/HHA</th>
<th>% VD-HCBS</th>
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<tr>
<td>L</td>
<td>21.2%</td>
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<tr>
<td>A</td>
<td>20.8%</td>
<td>14.2%</td>
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<td>B</td>
<td>3.3%</td>
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<td>D</td>
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<td>E</td>
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<td>1.2%</td>
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<td>11.7%</td>
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<td>J</td>
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<td>6.9%</td>
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<tr>
<td>K</td>
<td>3.0%</td>
<td>8.1%</td>
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VD-HCBS Current Rates Compared to Case Mix Budget Rates
H/HHA Current Rates Compared to Case Mix Budget Rates

<table>
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<tr>
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<th>Current Rate Average</th>
<th>Case Mix Average</th>
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The average per Veteran monthly increase in service authorization levels would need to be less than $50 for VD-HCBS and more than $1,500 for those in H/HHA to reach the functionally based Case Mix Budget funding levels.

The sampled Veterans using VD-HCBS have statistically higher acuity than those in H/HHA.

VD-HCBS will have lower case mix rates than H/HHA.

Once services are more equitably offered, VD-HCBS will be a lower cost alternative.
Referral
VAMC refers Veteran to Aging/Disability Network (A/DN) with Case Mix Budget amount or requests A/DN to assess for Case Mix Budget amount.

Intake
A/DN contacts Veteran & schedules home visit. Compiles materials (e.g. forms & manuals).

Assessment

Develop Plan
A/DN works with Veteran to develop a spending plan. Helps identify goals and then potential workers and other goods and services. Sends to VAMC.

Budget Amount Authorization
VAMC authorizes the budget amount or tier & sends to A/DN.

Establish Employment
FMS establishes Veteran as an employer, and processes worker information.

Employee Paperwork
FMS collects required employee information and conducts background checks.

Employer Paperwork
FMS or A/DN assists Veteran to complete the paperwork to be an employer.

Hiring Assistance
A/DN assists the Veteran in the hiring process: job descriptions, recruitment, interview, and reference checks.

Plan Authorization
VAMC reviews plan to assure there are no duplications and that items relate to a need because of disability. Sends approval to A/DN. A/DN bills 1 time full admin fee*.

Plan Distribution
A/DN transmits the authorized plan to the Veteran and to the FMS.

Good Candidate
A/DN documents the Veteran's needs and if needed recommends Case Mix Budget amount.

Poor Candidate
Veteran isn’t interested or needs a representative & can’t identify one. Referred back to VAMC. Bill 1 time half admin fee*.
**Savings/Emergency Back-up Fund**
FMS keeps track of unexpended budget amounts to be applied to approved savings, respite or back-up services.

**Payments**
FMS pays workers & invoices as in Spending Plan.

**Timesheets and Invoices**
Veteran submits timesheets and invoices to the FMS.

**Initiate Services**
Veteran trains workers and begins services as authorized in the Spending Plan.

**Reports**
FMS sends detailed spending and Savings/Rainy Day Fund reports to Veteran and A/DN.

**Monitoring**
A/DN monitors Veteran health, safety and outcomes, at least monthly phone contact and quarterly visits.

**Reimburse**
A/DN submits invoice to the VAMC. VAMC remits payment.

**Reassessment**
Veteran reassessments and spending plans are done annually or sooner when changes occur.

**Detail Back-up**
Detail on Veteran spending (pay, taxes, goods and services and savings/emergency funds remaining) are sent to VHA.
Questions? Please contact:

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