

March Veteran Directed Care Operations Office Hour Frequently Asked Questions (FAQs)

The March Veteran Directed Care (VDC) Operations Office Hour Session was facilitated by the Administration for Community Living (ACL) and the Veterans Health Administration (VHA) with support from the Lewin Group to provide an overview of the Veteran intake process and person-centered assessments. Participants during the webinar were given the opportunity to ask questions through the Zoom chat feature, which were addressed by Pat Brady from Lewin. **Table 1** provides a list of frequently asked questions (FAQs), generated from the question and answer portion of the webinar.

Table 1. March VDC Office Hour Session 1 FAQs

Questions	Responses
<p>1. The VDC Operations Manual Template says that it was written to provide education and guidelines to community providers. Although there is information that is important for the VA VDC coordinators, will there be a VDC manual for the VA VDC coordinators?</p> <p>2. When will the VA Field Guidebook be available, and will VDC providers have access to it?</p>	<p>1. The VA developed a Field Guidebook that provides additional information on the VDC program for VAMCs and VA VDC Coordinators. It can be used in conjunction with the Operations Manual Template to inform policies and best practices.</p> <p>2. The VA Field Guidebook was published in early April and is available for VAMCs and ADNAs.</p>
<p>There is no information about those of us who are using the Agency with Choice model of Fiscal Management Services. Can you speak more to that as there are 3 states that require its use?</p>	<p>VDC providers operating under an Agency with Choice (AwC) or Vendor Fiscal Employer Agent (VFEA) model will need to follow all applicable federal, state, and local requirements with regards to participant directed services. FMS providers are required to complete a VA FMS Readiness Review that takes into account the model for VDC.</p>
<p>Is the HealthShare Referral Manager (HSRM) referral process the national recommendation as our agency is getting them via FAX not HSRM?</p>	<p>HSRM is a secure, web-based system VA uses to generate and transfer referrals and authorizations to community providers (VDC providers). HSRM allows community providers and VA to better manage community care referrals and authorizations using a standardized process based on clinical and business rules. Community providers can access HSRM to manage referrals assigned to their facility, thus improving information sharing. While VAMCs are not required to send referrals through HSRM, it is strongly advised.</p>

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<p>Do you have a resource for Veterans’ rights and the process for resolving grievances (i.e., grievances with Veterans not agreeing with VA decisions about VDC program delivery)?</p>	<p>To monitor service quality, VDC providers survey Veterans, at a minimum, after enrollment in the program, at six months, and annually thereafter. Veterans disenrolling from the program also receive a survey during the discharge process. During these surveys – and other regular touchpoints – Veterans can log any complaints they have about VDC program delivery.</p> <p>The VDC provider is also expected to develop a new or adopt an existing complaint or grievance procedure for the VDC program. This procedure should be discussed with Veterans during the intake home visit, and otherwise shared with the Veteran and/or authorized representative. The VDC provider is expected to document and maintain all Veteran complaints and grievances received.</p>
<p>1. Are the VDC 2- and 5-day response times national requirements for all VAMCs?</p> <p>2. Based on the Veteran locality, the 5-day intake home visit may not be possible. Our VCA/readiness review contract has a different timeline than this document and our policy is based on our contract. What are your thoughts about the conflict between this document and our readiness review?</p>	<ol style="list-style-type: none"> 1. This timeline is strongly recommended to ensure timely services. However, delays in the intake process are allowable at the request of the Veteran. The VDC provider shall discuss any delays with the VAMC and document them in the Veteran’s HSRM referral and any internal VDC provider files. 2. Individual VAMCs may have their own intake process timeline requirements. While 2- and 5-day response times are recommended, the VAMCs may have local requirements that differ from this timeline. Communicate with your partnering VAMC to determine the appropriate timeline for the intake process for Veterans who enroll in your program.
<p>Can we get a place for all the various forms people use to live as samples that we can all access?</p>	<p>Based on provider feedback during the office hour session, we are developing a “forms library” on the TA Community website, where we will house the various forms that VDC providers use for their VDC processes (e.g., the intake process, person-centered assessments, etc.). To help us build that library, we ask that VDC providers who would like to share their existing VDC form templates with peers to please forward them to VeteranDirected@acl.hhs.gov, so we can upload them to a shared resource.</p>
<p>Are monthly visits moving to in-person? Or are monthly visits via telephone while quarterly visits are at home/virtual visits?</p>	<p>Monthly contacts with Veterans are required, but they can be at the Veteran’s home, via telephone, etc. Meanwhile, the quarterly visits are meant to be home visits. Some quarterly visits may not be able to be at home, given geographic restrictions or Veteran preferences. Virtual visits can be an option in this case, but face-to-face visits are strongly preferred.</p>
<p>Does the monthly contact happen consecutively with the quarterly visit or are these separate visits?</p>	<p>Monthly contacts can occur at the same time as quarterly visits, where the four quarterly visits can act as the Veteran contact for that month. In other words, VDC providers can schedule four quarterly visits in a year and then have eight monthly contacts that year, on the off months of the quarterly visits.</p>

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<p>To clarify, the provider performs the monthly and quarterly visits?</p>	<p>Yes, the VDC provider is responsible for performing the monthly and quarterly visits.</p>
<p>For non-goods and services, does the Veteran need to have 3 quotes for services?</p>	<p>No, although finding multiple quotes is generally a good practice for something that is a large purchase or something where there is a variety of prices depending on quality. If there are multiple options with a wide price variety, consider getting quotes and then having a discussion with the Veteran about their preference and why it is their preference.</p>
<p>1. We received a referral of a Veteran that spends part of his time in Maryland and another part of his time in another state. How can we assist this veteran while he is not in state? He spends 6 months here and 6 months in another state.</p> <p>2. Is there guidance for those who travel out of country for periods of time?</p>	<p>It is possible in certain situations and under certain conditions for the current VDC program to continue providing VDC program coverage for a traveling Veteran. The conditions include:</p> <ul style="list-style-type: none"> • The time-period of the relocation cannot exceed 120 days. • The Veteran’s employee(s) travel with the Veteran and will continue to be employee(s) at the alternate site. • Video or, at a minimum, telephonic communication can be established and maintained between the Veteran and the person-centered counselor to ensure ongoing communications and care management. • The VDC coordinator and the VDC provider agree that the VDC coverage is feasible and that the Veteran will be able to manage employer responsibilities while at the temporary residence. • Care MUST be provided within the United States or a US Territory. <p>Due to the Veteran’s frequency of travel, you might consider if VDC is the best program for the Veteran.</p>
<p>Is Veteran disenrollment determined only by the VAMC?</p>	<p>Veterans may voluntarily dis-enroll at any time by notifying their VDC provider or VDC Program Coordinator.</p> <p>The VDC provider, in consultation with the VAMC VDC Program Coordinator, may decide to involuntarily dis-enroll a Veteran from the VDC program. Veterans may be involuntarily dis-enrolled for the following reasons only:</p> <ul style="list-style-type: none"> • Inability to manage their services and the unwillingness or inability to identify an appropriate authorized representative; • Fraudulent use of VDC funds; and/or • Compelling health or safety issues that have led to clear poor health outcomes such as several preventable emergency room visits or hospitalizations. <p>Involuntary disenrollment requires written documentation of the reason for disenrollment. Once the decision is made to dis-enroll a Veteran, the VAMC VDC Program Coordinator sends a notice to the Veteran with the date of termination and the reason for the disenrollment. A copy is then retained by the VDC provider and VAMC VDC Program Coordinator. The PCC and the VAMC VDC Program Coordinator then collaborate with the Veteran to develop a transition plan to other services.</p> <p>The Veteran can appeal discharge from the program. The Veteran can re-apply/ask for a VDC referral through the VAMC.</p>

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<p>If the Veteran is overspending their global budget monthly, is that a reason for disenrollment?</p>	<p>The remediation training and termination policy aims to support Veterans who consistently spend over their average monthly budget and are at risk of exceeding their authorized budget prior to the end of their authorization period. The VDC provider is responsible for applying the policy by developing a plan with the Veteran to align spending with the average monthly amount and continue to review spending with the Veteran monthly. The VDC provider must alert the VAMC VDC coordinator of continuous Veteran overspending. If overspending continues to occur despite remediation training, the VAMC VDC coordinator may opt to work with the Veteran to determine if a different VHA program will better meet their needs.</p>
<p>How and when do you determine a partial assessment for billing? Is there a time frame for this?</p>	<p>Once the VAMC approves the Veteran’s person-centered spending plan, the VDC provider sends the VAMC an invoice for the full assessment fee. The assessment fee is invoiced to the VAMC to reimburse the ADNA and FMS for supporting the Veteran with the person-centered assessment, VDC enrollment, in-home visit, development of the spending plan, and paperwork for employees of the Veteran. If the Veteran does not enroll in VDC, the VDC provider submits an invoice for the partial assessment fee. The partial assessment fee only includes the rate to reimburse the VDC provider for the PCC assessment conducted with the Veteran. The VA establishes rates for the assessment or partial assessment fees. You may calculate your VDC program’s estimated fees by using the VDC Fiscal Year 2023 Case Mix Rate Calculator.</p>
<p>1. What is the purpose of the monthly administrative fee? 2. Is the monthly administrative fee only paid when the veteran has an employee working at least one day of that month?</p>	<p>1. The monthly administrative fee relates to program execution. It is billed during the months which the Veteran receives services, as part of the Veteran’s global budget. If the Veteran purchases any services in the month, the VDC Provider should invoice for the full administrative fee. You may use the VDC Monthly Average Case Mix Rate Tool to look up VDC case-mix rates by state, county, and case-mix.</p> <p>2. Yes, the monthly administrative fee is paid in full for any month that the Veteran receives at least one day of personal care.</p>
<p>What do you see as the purpose of the VDC provider assessments? Are VA VDC Coordinators required to review and use VDC provider assessments as input? Are they given any weight?</p>	<p>At a minimum, the VDC provider is expected to conduct the initial assessment, reassessments, and work with the Veteran to develop service plans annually and as needed (semi-annual in the first year), or when there is a new service authorization. It is recommended that each VDC provider supports the Veteran to document oversight procedures to ensure that services are delivered on-time and in a safe manner. At a minimum, the VDC provider conducts reassessments, collaborates with the Veteran to develop service plans annually and as needed (semi-annual in the first year), and conducts face-to-face or virtual visits at least quarterly to monitor well-being. VAMC staff monitor the status of Veterans and their VDC program service utilization by phone on a quarterly basis. Periodically, the VDC provider and the VAMC meet with Veterans and their families to assure services are provided and the Veterans’ needs are met.</p>
<p>Do you have appeals process information?</p>	<p>VA has an appeals process for Veterans that disagree with claims or health decisions. Please refer questions regarding appeals to the partnering VAMC. VDC providers should have procedures for dealing with situations when Veterans may disagree with a decision from the VDC provider as it pertains to VDC.</p>

Questions	Responses
<p>Is it possible to get the slide deck in advance of these office hours? This would allow me to take notes on the printout while the discussion is happening.</p>	<p>Yes. In response to provider feedback received during the office hour session, the ACL VDC Federal Technical Assistance team will now share the slide deck the morning of the office hour session to registered participants only.</p>
<p>Are there suggestions on how to get a VAMC to allow someone that lives with the Veteran be the employee?</p>	<p>Unless prohibited by the state, there are no restrictions on Veterans hiring an individual that resides in the same residence as the Veteran.</p>
<p>Where can we find the Operations Manual Template?</p>	<p>The Operations Manual Template can be found on ACL's No Wrong Door website at this link: Operations Manual Template.</p>
<p>Currently, our VDC representative tells us how many hours to staff the Veteran prior to our assessment. Should we be asking for how many hours the Veteran needs for care, or should we just be using ALL the budget as instructed? Our instructions are, "Here is the budget, use it on all CLS hours."</p>	<p>In general, the majority of a Veteran's budget will be used on direct personal care services, however, the VDC provider should work with the Veteran to determine a budget that is based on preferences, needs, and goals as identified by the Veteran. In 2019, VA identified that 97% of Veteran's budgets are used on direct personal care. Based on this, a Veteran with a \$3,000 monthly case-mix will spend approximately \$1,000 on non-direct care in a year. Any non-personal care needs must be documented in the Veteran's spending plan and approved by the VAMC.</p>