Agenda

• Update on Implementation of VA Choice Provider Agreements for VD-HCBS

• A 3-Year Evaluation of VD-HCBS: VA’s Partnered Evidence-Based Policy Resource Center (PEPReC) and Research Partners at the Providence and Durham VAMCs

• Successful Veteran-Centric Communication Strategies: Highlights from the St. Louis VD-HCBS Program
VA Choice Provider Agreements

- 103 VD-HCBS Providers (AAAs, ADRCs, CILs, SUAs) are eligible to enter into VA Choice Provider Agreements for VD-HCBS
  - 136 AAAs, ADRCs, CILs, SUAs deliver VD-HCBS – many through a “Hub-and-Spoke” Model with one site holding the VA Choice Provider Agreement

[Diagram showing provider agreement status with 82 confirmed, 7 awaiting signature, 13 completing documents, and 0 not begun process or unknown]
VA Choice Provider Agreements

- Congratulations to the 33 VD-HCBS Providers who have confirmed signed and fully executed VA Choice Provider Agreements with a VAMC since November 10, 2016

  ✓ ServiceLink Aging and Disability Resource Center of Belknap County
  ✓ Area Agency on Aging for Southwest Florida
  ✓ Minnesota River Area Agency on Aging, Inc.
  ✓ Southeastern Illinois Area Agency on Aging
  ✓ Senior Solutions Vermont
  ✓ Prince William Area Agency on Aging
  ✓ AgeSmart Community Services
  ✓ Generations Aging and Disability Resource Center (Link-Age)
  ✓ Philadelphia Corporation for Aging
  ✓ Mid-Florida Area Agency on Aging
  ✓ ServiceLink Aging and Disability Resource Center of Strafford County
  ✓ Central Vermont Council on Aging
  ✓ Champlain Valley Agency on Aging
  ✓ The Independence Center
  ✓ San Juan County Area Agency on Aging
  ✓ West Alabama Region Commission

  ✓ Egyptian Area Agency on Aging
  ✓ Iona Senior Services
  ✓ Aging and Independence Services
  ✓ ServiceLink Aging and Disability Resource Center of Hillsborough County
  ✓ Region VII Area Agency on Aging
  ✓ Maryland Department on Aging
  ✓ Onondaga County Adult and Long Term Care Services
  ✓ Broome County Office for Aging
  ✓ Otsego County Office for Aging
  ✓ Northwest Colorado Area Agency on Aging
  ✓ Nevada Aging and Disability Service Division
  ✓ The Senior Alliance Area Agency on Aging 1—C
  ✓ Area Agency on Aging of Northwest Michigan
  ✓ Southwestern CT Area Agency on Aging
  ✓ North Central Area Agency on Agency
  ✓ Senior Resources Eastern CT Area Agency on Aging
  ✓ Area Agency on Aging of South Central CT
Evaluation of Veteran-Directed Home and Community-Based Services: Introduction Webinar

01/25/2017
Agenda

• Introduction
• Expansion of VD-HCBS
• ACL Perspective
• Overall Review of the Program Evaluation
• Veteran and Caregiver Impact Evaluation
• Program Implementation
• Questions/Discussion
Richard Allman, MD

Chief Consultant, Geriatrics and Extended Care
VD-HCBS Expansion

• Participant Directed Programs are an evidence-based intervention
  – Improve access to necessary services
  – Meet Veterans previously unmet need for services
  – Meet Veterans needs at lower costs than possible in other traditional approaches
  – Preserve Veteran independence

• Goal:
  – Meet the needs of Veterans
  – Expand VD-HCBS to all VAMCs over next three years

• Evaluation
  – Improve the effectiveness of the VD-HCBS program
  – Understand/improve implementation of VD-HCBS
Lori Gerhard

Director, Office of Consumer Access & Self Determination
Administration for Community Living
VD-HCBS Growth

- Growth in VD-HCBS is the result of those on this call
  - VD-HCBS was built using ideas of Veterans and the people that serve them
  - Navigated multiple complexities and barriers
- Critical partnership between ACL, Nationwide Aging & Disability Network Agencies (ADNAs), and VA
  - Common goal to meet the needs of Veterans and their families
  - VD-HCBS gives Veterans choice, independence, and community engagement
- Evaluation is important for VD-HCBS
  - Engage in rapid learning cycle
  - Capture experiences of Veterans and caregivers
  - Demonstrate the value and impact of VD-HCBS
  - Continue to build the case for sustainability and expansion
Overview of the Program Evaluation

Melissa Garrido, PhD, Investigator,
Partnered Evidence-based Policy Resource Center, Department of Veterans Affairs
melissa.garrido@va.gov
Veteran-Directed Home and Community Based Services (VD-HCBS) Evaluation: PEPReC’s Role

- Phased roll-out of VD-HCBS to remaining VA medical centers

- Planned analyses of impact of VD-HCBS on Veterans’ health care use and costs
<table>
<thead>
<tr>
<th>Outcome</th>
<th>Primary</th>
<th>Secondary</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hospital admission</td>
<td>Any admission</td>
<td>Any admission for an ambulatory care sensitive (ACS) condition</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Number of any and ACS admissions</td>
</tr>
<tr>
<td>Emergency department admission</td>
<td>Any admission</td>
<td>Number of admissions</td>
</tr>
<tr>
<td>Nursing home admission</td>
<td>Any admission</td>
<td>Days at home</td>
</tr>
<tr>
<td>VA costs</td>
<td>Total costs</td>
<td>Costs associated with HCBS, nursing home care, hospitalization, outpatient care</td>
</tr>
</tbody>
</table>
Veteran and Caregiver Impact Evaluation

Kali Thomas, Research Health Science Specialist, Center of Innovation in Long-Term Services and Supports for Vulnerable Veterans, Providence VA Medical Center
Veteran Impact Evaluation

- Objective: Understand impact of VD-HCBS on Veterans’ satisfaction, unmet needs, quality of life and independence using mixed methods:
  - Surveys of Veterans at baseline, 3mos, and 1 year
    - Designed using best practices from existing sites with input from ACL and GEC
    - Standardized Experience Survey that will be useful for care planning, program development, as well as program evaluation
  - Semi-structured telephone interviews with Veterans at 6 and 12mos
    - Veterans’ early/later experiences with the program, satisfaction, goals of care, and quality of life
- Integrate Qualitative and Quantitative data to provide explanation and description of Veterans’ experiences and the ways the program impacts their lives
Caregiver Impact Evaluation

- **Objective:** Obtain information on Caregivers’ well-being and ascertain if any improvements are manifested as a result of Veterans’ participation in this program.
- Surveys of Caregivers (baseline and 9mos) measuring:
  - Financial strain
  - Depressive symptoms
  - Stress/Burden
  - Positive aspects of caregiving
- Compare to external control group of Veteran Caregivers from the VA CARES Program of Comprehensive Assistance for Family Caregivers evaluation.
Program Implementation

Nina Sperber, Research Health Science Specialist, Durham VA Medical Center
Aim: To examine implementation of the VD-HCBS program

- Elicit implementation strategies used
- Examine how contextual factors impact implementation
- Examine relationship between implementation strategies, contextual factors and outcomes
Program Implementation Evaluation

Case analysis of VA/ADNA pairs
For each case, we will interview VA and ADNA coordinators to:

1. Identify facilitators and barriers (contextual factors) to effective implementation

2. Identify whether contextual factors experienced by ADNA/VA or both

3. Describe what implementation strategies are used
Program Implementation Evaluation

What implementation strategies and contexts must be present for the following outcomes to occur and in what combinations?:

- Low numbers of caregivers reporting unmet needs for personal care
- High numbers of Veterans reporting satisfaction with care
- Differences between expected and actual number enrolled
Questions?

Comments or Volunteers for Piloting

James.Rudolph@va.gov
Kali.Thomas@va.gov
Nina.Sperber@va.gov
Successful Communication Strategies for VD-HCBS

• VAMCs and VD-HCBS Providers share a common goal of serving Veterans through a self-directed LTSS Program that maximizes Veteran’s independence and quality of life

• There are several programmatic components of VD-HCBS that support this common goal:
  ▶ Purchased HCBS Case-Mix & Budget Tool to establish a case-mix level based on functional/clinical need
  ▶ Development of a flexible spending plan to identify goals of the Veteran and provide choice and control over the services and goods the Veteran will receive
  ▶ Person-Centered Counseling Support to help the Veteran improve their quality of life, minimize risks and ensure satisfaction with services
Successful Communication Strategies for VD-HCBS

- VD-HCBS Provider/PCCs play an important role in VD-HCBS as the primary point-of-contact for Veterans enrolled in VD-HCBS
- Regular and frequent communication between the VAMC Coordinator and PCC is needed to:
  1) Understand cohorts of Veterans targeted for VD-HCBS;
  2) Problem solve;
  3) Discuss changes in Veteran status; and,
  4) Work together to collect and share relevant data
- Discussions between the VAMC Coordinator and PCC are an integral piece to a comprehensive communication strategy for VD-HCBS
Veteran Directed Home & Community Base Services (VD-HCBS)

VA St Louis Health Care System

Mary Wright, LCSW
January 2017
**INTAKE AND REFERRAL FORM**

**VDHCBS Intake & Referral**

<table>
<thead>
<tr>
<th>Service</th>
<th>Agency</th>
<th># of Hours per week</th>
</tr>
</thead>
<tbody>
<tr>
<td>Home Health Aide</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Adult Day Services</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**DIAGNOSIS:** See Attached  
**MEDICATIONS:** See Attached

**To be completed by VDHCBS Options Counselor:**

<table>
<thead>
<tr>
<th>Agency:</th>
<th>Address:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Options Counselor/Consultant:</td>
<td></td>
</tr>
<tr>
<td>Phone:</td>
<td>Fax #:</td>
</tr>
<tr>
<td>Follow-up Social Worker:</td>
<td>Service Initiation Date:</td>
</tr>
</tbody>
</table>

**Referring Worker**  
**Telephone**  
**Ext**  
**Referring Location**  
**Date**  

**Additional Notes:**

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</table>
VD-HCBS CASE MIX

VHA PURCHASED HOME AND COMMUNITY-BASED SERVICES
CASE MIX AND BUDGET TOOL

LASTNAME, FIRSTNAME LAST4

SOURCES OF INFORMATION FOR ACTIVITIES OF DAILY LIVING (ADL’S):

[ ] PERSON
[ ] INFORMANT
[ ] MEDICAL RECORD
[ ] OBSERVATION

ENTER VALUE OF SCORE IN THE “VALUE” BOX. IF VALUE IS ASTERISKED, CHECK OFF THE “DEPENDENCE” BOX.

Q1. DRESSING

[ ] VALUE 00 CAN DRESS WITHOUT HELP OF ANY KIND
[ ] DEPENDENCE 01 NEED AND GET MINIMAL SUPERVISION OR REMINDING
02* NEED SOME HELP FROM ANOTHER PERSON TO PUT YOUR CLOTHES ON
03* CANNOT DRESS YOURSELF AND SOMEBODY DRESSES YOU
04* ARE NEVER DRESSED

Q2. GROOMING

[ ] VALUE 00 CAN COMB YOUR HAIR, WASH YOUR FACE, SHAVE OR BRUSH YOUR
TEETH WITHOUT HELP OF ANY KIND?
[ ] DEPENDENCE 01 NEED AND GET SUPERVISION OR REMINDING OR GROOMING
ACTIVITIES
02* NEEDS AND GETS DAILY HELP FROM ANOTHER PERSON
03* ARE COMPLETELY GROOMED BY SOMEBODY ELSE?
REFERRAL PROCESS DISCUSSION

REFERRAL PROCESS DISCUSSION - VDHCBS:

[] Veteran is able to manage financial and day-to-day decisions.

Comments/Information regarding Veteran being or having suitable coordinator of care:

Discussion regarding VDHCBS program covered:

[XX] Discussed difference between current program supports and VDHCBS (self-determination).
[XX] Discussed types of care that can be included
[XX] Discussed Financial Management Services
[XX] Program would replace current services provided through VHA including OP respite, H/HHA and ADHC.
[XX] Options Counselor from Area Agency on Aging will contact Veteran/Caregiver to schedule assessment - current authorization to stay in place until services are transferred.

[ ] Does veteran have other billable OHI(other health insurance)?
[ ] If yes does the OHI cover individual employees, or ADHC?

[ ] Veteran/significant other agrees to Choice Provider Payment program
REFERRAL FAX NOTE

FAXED
- REFERRAL/INTAKE SHEET
- CASE MIX
- COVER SHEET
- PROBLEM LIST
- OUTPATIENT MED LIST
- PRIMARY CLINIC VISIT NOTE
- SW HOME CARE REFERRAL

VETERAN IS ASSESSED AS CASE MIX X - URBAN STL COUNTY/ILLINOIS/STL CITY

REFERRED TO MIDEAST AREA AGENCY ON AGING/AGESMART (ILLINOIS AREA AGENCY ON AGING)
MONTHLY SPENDING PLAN

Vet Number: __________
Veteran’s Name (First/Last): __________
Street Address: __________
City, State, Zip: __________
Telephone: __________
Gender / Birthday: __________
Auth. Rep. Name (if any): __________
Auth. Rep. Address: __________
Auth. Rep. City, St, Zip: __________
Auth. Rep. Telephone: __________

Case Mix Level: __________
First day of service (MM/DD/YYYY): __________
Last day of service: __________
Number of days in month: __________
Total Case Mix amount: $ __________
Date of current Assessment: __________
Bill for Assessment this Month? (Y/N): __________
AgeSmart: __________

Planned Service (Employees Hired)

<table>
<thead>
<tr>
<th>Employee Name</th>
<th>Approved Hours per Week</th>
<th>Employee's Hourly Wage</th>
<th>Employer’s Share of Taxes &amp; WC</th>
<th>Employee's Hourly Total Cost</th>
<th>Maximum # of Hours per Month</th>
<th>Total Monthly Cost</th>
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</table>

Total Monthly Planned Service: $ __________

Backup Service (Temporary Employees and/or Agency-based)

<table>
<thead>
<tr>
<th>Person(s) or Agency to Purchased From</th>
<th>Unit Cost</th>
<th># of Units</th>
<th>Total Monthly</th>
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</thead>
<tbody>
<tr>
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<td>$ __________</td>
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</table>

Total Agency-Based Backup Care: $ __________

Routine Planned Non-Employee Goods & Services

<table>
<thead>
<tr>
<th>Description of Goods / Services</th>
<th>Proposed Purchased From</th>
<th>Unit Cost</th>
<th># of Units per Month</th>
<th>Total Monthly Cost</th>
</tr>
</thead>
<tbody>
<tr>
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</tbody>
</table>

Total Monthly Routine Planned Goods & Services: $ __________

Specified Saving Items & Saving for Emergencies

<table>
<thead>
<tr>
<th>Description of Goods / Services</th>
<th>Proposed Purchased From</th>
<th>Proposed Date of Purchase</th>
<th>Estimated Cost</th>
<th>Est. Months Needed to Save</th>
<th>Total Monthly Cost/Savings</th>
</tr>
</thead>
<tbody>
<tr>
<td>Emergency In Home Services</td>
<td></td>
<td>When Needed</td>
<td>__________</td>
<td>__________</td>
<td>__________</td>
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</table>

Specified Saving Items & Saving for Emergencies

<table>
<thead>
<tr>
<th>Description of Goods / Services</th>
<th>Proposed Purchased From</th>
<th>Proposed Date of Purchase</th>
<th>Estimated Cost</th>
<th>Est. Months Needed to Save</th>
<th>Total Monthly Cost/Savings</th>
</tr>
</thead>
<tbody>
<tr>
<td>Emergency In Home Services</td>
<td></td>
<td>When Needed</td>
<td>__________</td>
<td>__________</td>
<td>__________</td>
</tr>
</tbody>
</table>

Summary of Spending Plan

<table>
<thead>
<tr>
<th>Planned Service (Employee Hired)</th>
<th>Full Month</th>
<th>If Partial Month</th>
</tr>
</thead>
<tbody>
<tr>
<td>$ __________</td>
<td>$ __________</td>
<td>$ __________</td>
</tr>
<tr>
<td>Backup Service</td>
<td>$ __________</td>
<td>$ __________</td>
</tr>
<tr>
<td>Routine Planned Non-Employee Goods &amp; Services</td>
<td>$ __________</td>
<td>$ __________</td>
</tr>
<tr>
<td>Specified Saving Items &amp; Saving for Emergencies</td>
<td>$ __________</td>
<td>$ __________</td>
</tr>
<tr>
<td>Monthly Admin &amp; Oversight Fees</td>
<td>$ __________</td>
<td>$ __________</td>
</tr>
<tr>
<td>Monthly Amount (prorated if &lt; full month):</td>
<td>$ __________</td>
<td>$ __________</td>
</tr>
</tbody>
</table>

Total Monthly Amount: $ __________

Less Than or Equal to Total Tier Amount? __________

Partial $ __________
Days Used __________
Days Available __________

NOTE: Identify an agency if they are the backup, but do not include a "Unit Cost" or "# of Units" unless the agency will be used this month.
VIP VDHCB Weekly Update: 1/17/17

Z9814
VA Ref Date: 12/4/15
Disenrolled
Last date of VDHCB Services: 1/8/17
Veteran M passed away on 1/8/17.

Z1908
VA Ref Date: 11/2/16
Transferred to Age Smart
Last date of VDHCB Services: St. Louis VA VDHCB is active. Transferred from MEAAA on 1/13/17
Veteran Z is moving to Anytown, IL and requested to remain active in St. Louis VAMC VDHCB program. Agreement with St. Louis VAMC and Age Smart to transfer Veteran M. Age Smart to continue supportive service effective Veteran’s move to IL on 1/16/17.

Active Veteran Issues/Concerns:
Z2137
VA Ref Date: 1/5/16
Annual Reassessment Summary
Z2038
VA Ref Date: 10/11/16
Case Mix reassessment faxed to VA on 1/16/17 for review.

Enrollment Processing Updates:
Z6173
VA Ref Date: 1/12/17
Initial contact made on 1/12/17.

Quarterly Summaries:
Z4710
Fax to VA 1/10/17

Revised Spending Plans:
Significant modifications (additional services/hours/pay rates/etc.):
Z2137
VA Ref Date: 1/5/16
Revised Spending Plan to VA on 1/16/17 (attached with Weekly Update).
Revision reflects requested adjustment in pay for one of Veteran’s employees.

Case Mix changes:
None submitted
### VETERAN DIRECTED HOME AND COMMUNITY BASED SERVICES

**QUARTERLY SUMMARY**

<table>
<thead>
<tr>
<th>MONTH OF CONTACT</th>
<th>E.R. VISIT VA</th>
<th>E.R. VISIT OTHER</th>
<th>IN-PATIENT HOSPITAL VA</th>
<th>IN-PATIENT HOSPITAL OTHER</th>
<th>TOTAL # OF DAYS IN-PATIENT</th>
<th>DATES/METHODS OF CONTACT</th>
</tr>
</thead>
<tbody>
<tr>
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<td></td>
<td></td>
<td>FACE-TO-FACE</td>
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<td></td>
<td></td>
<td>PHONE</td>
</tr>
</tbody>
</table>

**Summary of Monthly Monitoring:** (health & functional status, environmental needs, health & welfare issues, abuse, neglect, exploitation, employer certification status, coordination w/providers)

**Impact of Program as reported by Participant/Authorized Rep:**

**Risks to nursing home placement noted:** (falls, dementia, caregiver burden, incontinence, diabetes, isolation)

**Additional needs identified:** Veteran is waiting to get the carpet pulled up in his home, they have set a schedule to do this in the Spring.

**Were changes made to the Spending Plan?**

**OPTIONS CONSULTANT/AGENCY**

Date: (1/2015)
Annual VDHCBS Reassessment Summary

Veteran ID# ___________________________  Date ___________________________

<table>
<thead>
<tr>
<th>Section</th>
<th>Change</th>
<th>No Change</th>
<th>Notes</th>
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<tbody>
<tr>
<td>I  Demographics</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>II  Health History</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>II  and Assessment</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>III  Behavioral</td>
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<td></td>
<td></td>
</tr>
<tr>
<td>Health SLUMS Score</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>IV  Medications</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>V  Nutritional</td>
<td></td>
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<tr>
<td>Screening</td>
<td></td>
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<tr>
<td>VI  Caregiver</td>
<td></td>
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<tr>
<td>VII  Transportation</td>
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<tr>
<td>VIII Environment</td>
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<tr>
<td>IX  Financial</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>X  Legal Status</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>XI  Options Plan</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Form</td>
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<tr>
<td>XII  Expressed</td>
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<tr>
<td>Benefits and</td>
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<tr>
<td>Goals of Care</td>
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__________________________  ___________________________
Options Counselor  Date
<table>
<thead>
<tr>
<th>Reason for Termination</th>
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<tbody>
<tr>
<td>Unable to make contact with Veteran or AR</td>
</tr>
<tr>
<td>Veteran placed in Long Term Skilled Nursing</td>
</tr>
<tr>
<td>Veteran Moved</td>
</tr>
<tr>
<td>Veteran Deceased. Date:</td>
</tr>
<tr>
<td>Other: See Notes below</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Was there a start date for this Veteran?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes Date:</td>
</tr>
<tr>
<td>No</td>
</tr>
</tbody>
</table>

Notes:

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

Options Counselor Date

Supervisor Date
Diagnosis Of Veterans Enrolled

N = 155
Service Connected Status of Enrolled Veterans

65/155 of SC Veterans are eligible for VA paid contract nursing home care.

N = 155
VDHCBS DATA REFLECTS REDUCTION IN ER VISITS, HOSPITALIZATION, AND BED DAYS OF CARE (Inclusive of CLC Days)

- **ER VISIT**
  - 6 Months Pre: 61
  - 6 Months Post: 2

- **HOSP ADM**
  - 6 Months Pre: 17
  - 6 Months Post: 13

- **BED DAYS OF CARE**
  - 6 Months Pre: 137
  - 6 Months Post: 104

N=155
MEAAA Veteran Satisfaction Survey 12/2016

My Services Are Helping Me Live
My Life the Way I Want

- Disagree, 6%
- Agree, 33%
- Strongly Agree, 61%

I Have People I Can Count On

- N/A, 6%
- Agree, 22%
- Strongly Agree, 72%

20% Of Veterans Surveyed  N = 18
MEAAA Veteran Satisfaction Survey 12/2016

**SENSE OF SAFETY**
*IF I NEED HELP RIGHT AWAY, I CAN GET IT*

- **Strongly Agree**: 44.44%
- **Agree**: 44.44%
- **Not Sure**: 5.56%

**MY SERVICES ARE WHAT I THINK I NEED**

- **Strongly Agree**: 55.56%
- **Agree**: 38.89%
- **Disagree**: 5.56%
- **N/A**: 0.00%
- **Not Sure**: 0.00%

20% Of Veterans Surveyed    N = 18
MEAAA Veterans Enrollment Last 12 Months

Reflects enrollment through January 2017. Total enrollment in VD–HCBS at the St. Louis VAMC is 155 as of Dec 2016
Questions & Closing

• The next VD-HCBS Educational Webinar will be held on March 15, 2017

• REMINDERS:
  ► Please remember to use the VD-HCBS Ticker on a monthly basis to enter and track Veteran census (https://www.adrc-tae.acl.gov/)
  ► VD-HCBS Resources can be found at: https://nwd.acl.gov/vd-hcbs.html
  ► Questions/Concerns? Please email: veterandirected@acl.hhs.gov