

## February Veteran Directed Care Educational Webinar Frequently Asked Questions (FAQs)

The February Veteran Directed Care (VDC) Educational Webinar 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 new VDC Operations Manual Template. Participants during the webinar were given the opportunity to ask questions through the Zoom chat feature, which were addressed by Pat Brady from Lewin and Dan Schoeps from VHA. **Table 1** provides a list of frequently asked questions (FAQs), generated from the question and answer portion of the webinar.

**Table 1. February VDC Educational Webinar FAQs**

Questions	Responses
<b>Clarification- Unique to the VAMC that "we" are working with, does that mean the agreement is fluid depending on the VDC Coordinator/ VAMC in making program choices?</b>	The Operations Manual Template is informed by the U.S Department of Veterans Affairs (VA) VDC requirements, as well as program best practices to support program consistency, access, and efficiency. VDC providers enter into a "Veteran Care Agreement" that is standard across VA. VDC providers may use the template to guide the development of their local program operational policies in accordance with VA requirements and <i>individual Veterans Affairs Medical Centers' (VAMC) standard operating procedures which may vary from one VAMC to another.</i>
<b>1. If the Veteran manages their own care and manages their workers, are they able to determine the wages for their workers within the guideline of their budget?</b>  <b>2. Does the wage have to meet legal guidelines? State and federal minimum wage?</b>	<ol style="list-style-type: none"> <li>1. Veterans as employers have the right to determine and establish hourly rates within the funds available in their spending plan.</li> <li>2. Yes. Although Veterans determine the hourly rates, VDC workers hired by the Veteran will not be paid an hourly rate that exceeds the hourly rate allowed by the state program for agency services (excluding employer tax costs). The average VDC worker hourly rate ranges from \$15.00 – \$20.00/hour (excluding employer tax costs) but may be exceeded if necessary.</li> </ol>
<b>Is the online competency assessment completed by the Veteran, service coordinator, social worker or primary care provider? And did you say 180 days?</b>	Under the VA MISSION Act, Section D, Provider Qualifications and Conditions for Provision of Covered Services, the Veteran Care Agreement (VCA) states that providers must complete VA's online General Competency Training Course within 180 days of signing the VCA. <a href="#">VA's Community Care Provider Education and Training Resources webpage</a> provides information on educational opportunities for VA community providers. To access VA trainings, VDC providers must create an account on the <a href="#">VHA TRAIN website</a> . While there are not specific requirements for which staff at the VDC provider's agency complete the training course, it is recommended that the primary VDC lead completes the training.

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<p><b>If a VA provider is using a Fiscal Management Service (FMS) to process billing on their behalf, can/does the FMS sign up for HeathShare Referral Manager (HSRM) and are they required to take the VHA training?</b></p>	<p>HSRM is for medical documentation and there is not a need for the FMS to enroll. The FMS should receive a copy of the Veteran authorization from the VDC provider. VDC providers are encourage to enroll in HSRM as it enables the VAMC and VDC provider to more easily pass along information such as Veteran spending plans. Completion of the VA’s online General Competency Training Course is only required by the VDC provider signing the VCA, not the FMS.</p>
<p><b>Any consideration to offering sick/vacation time to workers with the program expansion?</b></p>	<p>Veterans must comply with state and local policy requirements as it pertains to employee benefits. If a Veteran opts to include more paid time off than required by state and local policy, this must be documented in the Veteran spending plan and may impact the hours of direct care services a Veteran is able to allocate in their budget.</p>
<p><b>Does the MSR template allow for changes in Case Mix within the auth. year?</b></p>	<p>When a change in case mix occurs, VDC providers can opt to create a new monthly service report template with the Veterans new global budget or update the global budget in the current template.</p> <p>Additional guidance for updating Veteran spending plans if the Veteran’s case-mix changes mid-way through their authorization can be found in the <a href="#">2021 VDC Office Hour Session Four slides 22-24</a>.</p>
<p><b>We receive referrals before the authorization period starts. Do you want us to complete assessment before authorized?</b></p>	<p>It is strongly advised to complete the Veteran assessment within the date range of the VDC authorization. VDC providers and VAMCs should work collaboratively to identify processes for engaging Veterans prior to the start of the authorization. For example, VDC providers may have a process for reaching out to Veterans to schedule assessments prior to start of the authorization period. VA is not obligated to pay for assessments completed prior to the start of a Veteran authorization.</p>
<p><b>Can we hold the VAMC accountable for late authorization or untimely certs?</b></p>	<p>VDC providers and their partnering VAMCs are encouraged to establish a communication plan regarding authorizations. For example, the VAMC and VDC provider should communicate any reauthorizations at least 90 days in advance. If the authorization is not received 30 days prior to the date expected, VDC providers must follow up with their partnering VAMC to determine the timeline for when they should expect to receive the authorization and determine if there are any risks.</p>
<p><b>Will ADNAs have access to the VA field guidebook?</b></p>	<p>The VA Field Guidebook will be published in April and be available for VAMCs and ADNAs.</p>

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<p><b>How should options counselors readjust budgets mid-authorization to those overspending? Is there a standard to editing the budget template for this?</b></p>	<p>If the VAMC VDC Program Coordinator sees a discrepancy between the spending plan and what was actually spent over the course of the month, the Program Coordinator will direct the VDC provider to review the spending plan with the Veteran and, when appropriate, adjust to reflect the care needs of the Veteran.</p> <p>It is the responsibility of the Veteran, with support of the VDC provider, to develop and maintain a VDC spending plan that is below the authorized amount, track and monitor VDC spending, and make any necessary changes to the VDC spending plan to ensure spending does not exceed the authorized budget. VDC providers must track VDC spending over the course of the authorization. Particularly in the final months of an authorization, it's critical that VDC providers work with Veterans so that they understand their responsibility to manage their budget. VAMCs are not required to reimburse for any VDC spending that exceeds the Veteran's authorized budget.</p>
<p><b>We continue to have issues with the fee schedule being applied to our VDC claims resulting in short-paid claims on DOS where the T1020 cost exceeds the fee schedule max rate. How do we get this resolved?</b></p>	<p>In January 2020, VDC providers were notified that the VA Office of Community Care (OCC) identified the process to resolve partial payments for VDC invoices that includes flagging VDC providers by their National Provider Identifier (NPI) number. The ACL VDC Federal Technical Assistance Team tracks VDC providers' NPIs and shares a list with the VA's OCC to support billing processes and ensure that VDC providers are reimbursed accurately. <i>If your organization obtains a new NPI number, is a new VDC provider, or is unsure if the current NPI number documented is correct, please email <a href="mailto:veterandirected@acl.hhs.gov">veterandirected@acl.hhs.gov</a> to provide the updated information.</i></p>
<p><b>Is there any information on disenrollment and reapplying for the program?</b></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"> <li>• Inability to manage their services and the unwillingness or inability to identify an appropriate authorized representative;</li> <li>• Fraudulent use of VDC funds; and/or</li> <li>• Compelling health or safety issues that have led to clear poor health outcomes such as several preventable emergency room visits or hospitalizations.</li> </ul> <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><b>Our VA contact wants us to use "All" the budget on direct personal care hours. Is this normal, or should this come from the actual assessment and be needs based?</b></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>
<p><b>Is there an updated billing guide?</b></p>	<p>The VDC Billing and Invoicing Guide was updated and re-launched in 2021. The most recently updated guide can be found on ACL’s No Wrong Door website: <a href="#">VDC Billing and Invoicing Guide</a>. An accompanying <a href="#">webinar</a> and <a href="#">series of office hour sessions</a> were launched to review the updated guide and answer related questions which can be found on <a href="#">ACL’s No Wrong Door website</a>.</p>
<p><b>Where can we find the Operations Manual Template?</b></p>	<p>The Operations Manual Template can be found on <a href="#">ACL’s No Wrong Door website</a>.</p>
<p><b>How do we get the monthly VDC newsletters?</b></p>	<p>The VDC newsletters are emailed monthly through the VDC email distribution list. If you or a colleague needs to be added to the VDC email distribution list, please enter your information in this form: <a href="#">VDC Email Distribution List Form</a>. Please contact us at <a href="mailto:VeteranDirected@acl.hhs.gov">VeteranDirected@acl.hhs.gov</a> if you have any questions or concerns.</p>
<p><b>Should we be using the Customer Engagement Portal (CEP) or ECAMS Provider Portal (ePP)? We’ve received conflicting information from VA customer service and the financial center.</b></p>	<p>VDC providers who previously used the Customer Engagement Portal (CEP) to research the status of claims received by VA should migrate to the <a href="#">eCAMS Provider Portal (ePP)</a>. ePP allows users to access the status of claims submitted, as well as adjudication information, remittance reports, and explanation of payment documents. Access the <a href="#">ePP</a> to register and view trainings for using the portal to track claims status.</p>
<p><b>Are VAMCs required to send referrals through HSRM?</b></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>