

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 new VDC policies and resources. Participants during the webinar were given the opportunity to ask questions through the Zoom chat feature. **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
What are the procedures for submitting the Monthly Reporting Tool?	The Monthly Reporting Tool can be found at the following link: VDC Monthly Reporting Tool . It is a portal for VDC providers to enter their Veteran census data, ensuring an opportunity to accurately account for availability and growth of the program. We ask that VDC providers designated as Hubs and Sole Proprietors complete the tool at the completion of each month after they become operational.
<ol style="list-style-type: none"> 1. Is the Veteran Handbook a new resource that is expected to be used by programs? What if my program already has a similar handbook? Is it a template or a mandatory resource? 2. Who provides the Veteran Handbook? The Aging and Disability Network Agency (ADNA) or the Veterans Affairs (VA) VDC Coordinator? 	<ol style="list-style-type: none"> 1. The Veteran Handbook is designed for use by Veterans in the VDC program for guidance in understanding and navigating the VDC program as an enrollee. The Handbook that is posted on the ACL No Wrong Door website is a template for your agency to modify as needed to fit your local situation. If your program already has a similar handbook, you should review the template to ensure your materials are accurate. 2. ADNAs are responsible for distributing a Veteran Handbook to their enrolled Veterans.
What is an authorized representative?	Authorized representatives manage the VDC program on behalf of any Veteran who is uncomfortable or unable to independently manage VDC employer responsibilities. Veterans can select an authorized representative to manage the budget on their behalf. An authorized representative may be an individual’s legal guardian, family member, friend, or any other person identified by the individual to manage the program on their behalf and in their best interest.
What is the reason for having authorized representatives get background checks?	<p>Direct care workers and, effective February 1, 2024, new authorized representative candidates of VDC-enrolled Veterans are required to undergo and pass a background check in accordance with policies as outlined in the VDC Operations Manual Template and state policies and as specified by the VDC provider to be hired as a worker or designated as a Veteran's authorized representative. This guidance does not apply to authorized representatives previously approved.</p> <p>This policy was put in place as a protection for the Veterans being served by the VDC program.</p>

Questions	Responses
<p>Who is responsible for running the background checks?</p>	<p>VDC providers are responsible for running the background checks and sharing results with the Veteran and the VDC Program Coordinator.</p> <p>The cost of background checks varies by type and state and are paid for in a few different methods, depending on local VDC provider procedures. Background checks may be paid for:</p> <ol style="list-style-type: none"> 1. Out of the Veteran’s budget (preferred way) <ol style="list-style-type: none"> a. The VDC provider must discuss the cost of the background check with the Veteran and include it in the Veteran’s spending plan. 2. By the VDC provider <ol style="list-style-type: none"> a. The VDC provider absorbs the cost of the background check. b. The VDC provider pays for the background checks through the monthly Vendor Fiscal/Employer Agent (VF/EA) Financial Management Services (FMS) fee.
<p>Does the background check requirement apply to Veterans who are acting as their own Employer of Record/Representative?</p>	<p>No, Veterans do not need to undergo a background check if they are self-directing their own services. The background check requirement only applies to direct care workers and authorized representatives.</p>
<p>Can we have more guidance as to what the specific background check requirements are? Are fingerprints required?</p>	<p>The VDC provider specifies the requirements and procedure for conducting background checks with Veterans’ workers in accordance with state policies, which include:</p> <ul style="list-style-type: none"> • Process and guidelines for conducting background checks of workers; • Having the worker candidate sign a release of information for sharing the results with the Veteran, if necessary; • Procedures for discussing findings with the Veteran; and • Process for developing a risk mitigation strategy to address any findings from the background check that are of concern but not an automatic disqualifying event. <p>A background check may include, but not be limited to, a state level or federal fingerprint background check, in addition to a search of the National Sex Offenders System, professional/occupational registries, and others, as applicable.</p>
<p>Where can I find an example risk management plan?</p>	<p>An example risk management plan can be found on the ACL Technical Assistance Community Website Forms Library. In addition to this document, the Forms Library contains an array of example forms for VDC providers, including an emergency backup plan and a direct care worker agreement, among others.</p>
<p>Are there exemptions for the background check requirement? What about individuals who have had recent federal background checks as part of their employment (e.g., teachers, government workers)?</p>	<p>There are no exemptions. All direct care workers and authorized representatives must undergo a background check prior to employment.</p>

Questions	Responses
<p>1. What convictions prevent an individual from serving as an authorized representative? Where can I find the full policy in writing?</p> <p>2. Can the Veteran, with informed consent, still choose the authorized representative if the background check comes back negative?</p> <p>3. Does this policy apply to unpaid representatives as well?</p>	<p>1. A worker cannot be hired if one of the following disqualifying events is identified during a background check: abuse, neglect, or exploitation of a person of any age. Other disqualifying events for hiring a worker and the length of time they are in place can vary by state. This policy is outlined in the Operations Manual Template.</p> <p>2. A worker cannot be hired if a background check identifies a history of abuse, neglect, and/or exploitation of a person of any age. If the results show other events that are not disqualifying but present a concern for Veteran health and safety, the person-centered counselor discusses them with the Veteran and authorized representative. If the Veteran insists on the hire, the Veteran is required to sign an Informed Risk Agreement or Waiver. It is recommended that the Veteran develop a risk management plan related to the hire with their person-centered counselor. The risk management plan should be monitored multiple times during the year (e.g., during onsite visits with the Veteran) and updated, as appropriate, while the Veteran employs the worker.</p> <p>3. Yes, this policy applies to all workers and representatives involved in the VDC program.</p>
<p>Will authorized representatives need to repeat the background checks every five years like employees? How often do the checks need to be renewed?</p>	<p>No, once an employee passes a background check, they are approved to be hired for the VDC program. While some programs conduct annual background checks, that is not a necessary VDC program policy. Please follow any state requirements that are necessary, however.</p>
<p>For the Temporarily Traveling Veterans Policy, does "travel under 180 days" refer to total days or consecutive days?</p>	<p>It is possible in certain situations and under certain conditions to continue providing VDC program coverage for a Veteran temporarily traveling in the United States for under 180 days. This policy refers to extended leave, or 180 consecutive days.</p>
<p>Can Veterans/families use home care agencies of their choice temporarily if the VDC provider becomes unavailable due to hospitalizations, vacation, etc.?</p>	<p>As a general rule, Veterans enrolled in VDC cannot use home care agencies for personal care services. Veterans enrolled in VDC may purchase personal care services from home care agencies for 90 days after enrollment, if necessary, or for planned or emergency respite. Veterans who prefer to use home care agencies should use VA's Homemaker and Home Health Aide (H/HHA) Program which is available at all VA Medical Centers (VAMC).</p>
<p>How should an FMS handle state tax implications of a Veteran temporarily residing in another state?</p>	<p>The FMS entity serving the Veteran must evaluate and implement the applicable labor, tax, workers' compensation, and other required insurance rules of the state in which the Veteran is temporarily residing.</p>
<p>Will employees be required to complete new tax forms should a Veteran temporarily reside outside their state of residence?</p>	<p>It is advised that the FMS work with knowledgeable legal and accounting staff to determine tax form requirements.</p>
<p>What states use Agency with Choice (AwC) FMS?</p>	<p>The Joint Employer-AwC FMS model is found primarily in New Hampshire, New York, and Washington state.</p>
<p>What is the expected frequency of face-to-face meetings with Veterans?</p>	<p>At a minimum, the VDC provider conducts face-to-face visits at least quarterly to monitor well-being.</p>

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<p>What is the target population of Veterans for VDC?</p>	<p>All Veterans enrolled in the VHA health care system or who do not require enrollment under 38 CFR 17.37 are administratively eligible for services under the “medical benefits package.” In order to meet clinical eligibility for VDC, Veterans must meet nursing home level of care, meaning an interdisciplinary team has made a clinical judgment that the Veteran would, in the absence of home and community-based services (HCBS), be eligible to receive services in a skilled nursing facility. In addition, Veterans must express an interest in self-directing their services. Self-directing their own services requires the Veteran and/or a Veteran’s authorized representative to fully engage in service delivery including assuming responsibility for hiring necessary staff and managing services against a pre-determined budget. Eligibility must be reviewed, at minimum, 180 days after the start of care and yearly by the VAMC.</p> <p>Veterans meeting clinical eligibility for VDC are supported by VA HCBS staff to address Veterans’ health care needs. The target population of Veterans who are in most need of VDC meet one or more of the following clinical criteria:</p> <ul style="list-style-type: none"> • The Veteran needs assistance in two or more Activities of Dailing Living (ADL) dependencies; • The Veteran has significant cognitive impairment as evidenced by a deficit in executive decision making or memory; • The Veteran needs personal care services (PCS) as adjunct care to community hospice services; and/or • The Veteran does not strictly meet the criteria outlined above but is determined by the Veteran’s clinical care team to need these services and the clinical justification is documented in the electronic health record.
<p>1. Do the Veteran Care Agreements (VCA) that super hubs have also cover their spokes?</p> <p>2. Does an ADNA have an option of contracting directly with the VAMC and opting out of the super hub model?</p>	<p>1. Yes, spokes are covered under their hub’s VCA.</p> <p>2. Please contact the VDC Federal Technical Assistance Team at veterandirected@acl.hhs.gov for specific cases.</p>
<p>Should all existing VDC programs move to Global 365 budgets?</p>	<p>Yes, please reference the VDC Billing and Invoicing Guide for updated guidance.</p>
<p>What pool of money does Paid Time Off (PTO) come out of? If it is the Veteran’s budget, what about having to pay an additional caregiver as well?</p>	<p>As of January 1, 2024, the VA allows ADNAs to submit authorized budget amendment notifications to the VDC Program Coordinator at the VAMC to increase a Veteran’s authorized budget to address a cost beyond control due to a government mandate related to the payment of mandatory paid leave. Please refer to the VDC Paid Leave Guidance on the ACL No Wrong Door website.</p>
<p>How can Veterans appeal a decision by the VA VDC Program Coordinator about the Case Mix Budget amount?</p>	<p>The VDC provider should work with the VDC Program Coordinator at the VAMC to determine where a Veteran should submit their appeal.</p>

Questions	Responses
Who decides what needs to be on timesheets? Do they need to list the tasks that are being done during each shift by stated policy?	The VDC provider and FMS should work with the VAMC to determine what needs to be included on a timesheet.