Office of Integrated Veterans Care
Field Guidebook (FGB)
Chapter 7 – Specialty Programs
Geriatrics and Extended Care 2.1
Veteran Directed Care (VDC) – Sub-Section

Version 1

April 6, 2023

Table of Contents

Veteran Directed Care Overview

The Veteran Directed Care (VDC) Program is one of several Personal Care Services (PCS) providing supportive care to Veterans, allowing them to age safely and independently in their homes and communities for as long as possible. In VDC, Veterans manage a Veteran-specific monthly budget, with oversight and support from community Providers, to purchase goods and services to best meet their needs. This includes directly hiring employees, including family members and friends, to provide personal care services.

Veteran Affairs Medical Centers (VAMCs) make referrals to VDC Providers who have completed a Veteran Affairs (VA) VDC Readiness Review. VDC Providers are defined as Area Agencies on Aging, Aging & Disability Resource Centers, Centers for Independent Living, and State Units on Aging. VDC Providers assist Veterans with determining how to manage their VDC budget. This includes managing employer responsibilities such as hiring and paying workers in accordance with all local, state, and federal laws.

Information contained herein is supplemented by documents and resources available on the Purchased Home and Community Based Services SharePoint Site. Site permissions may be required to access some documents and referenced links contained within this section. Please utilize the “request access” option after clicking the link above to gain access to the site.

Eligibility

Veterans must meet clinical and administrative eligibility for VDC to receive services under the Veteran Directed Care.

1. Administrative eligibility, all the following must be met:
    a. Veterans must be enrolled in VA for their health care.
    b. Veterans must meet community care eligibility criteria.
    c. VDC services must be ordered by a VA or VA-paid Provider.
2. Clinical eligibility, one of the following must be met:
    a. Veteran, through an interdisciplinary assessment, has been determined to meet nursing home level of care as demonstrated by:
        i. Three or more activity of daily living (ADL) dependencies, or
        ii. Significant cognitive impairment as evidenced by a deficit in executive decision making or memory, or

iii. Need for VDC services as adjunct care to community hospice services, or

iv. Two ADL dependencies, and two or more of the following conditions:

1. Has dependency in three or more instrumental activities of daily living (IADLs).
2. Has been discharged recently from a nursing facility or has an upcoming nursing home discharge plan contingent on receipt of home and community-based care services.
3. Is seventy-five years old, or older.
4. Has had high use of medical services defined as three or more hospitalizations in the past year or has utilized outpatient clinics or emergency evaluation units twelve or more times in the past year.
5. Has been diagnosed with clinical depression.
6. Lives alone in the community.

b. Veteran does not strictly meet the criteria outlined above (2a) but is determined by the clinical care team to need VDC services and the clinical justification is documented in the electronic medical record.

Target Population

VAMCs have found certain populations of Veterans particular benefit from enrollment in VDC over other forms of VA Personal Care Services (PCS). Below are particular cohorts VAMCs may consider in targeting for VDC enrollment:

- Veteran and/or authorized representatives who are able to manage the employer responsibilities required in VDC.
- Veterans with high levels of PCS needs.
  - VAMCs typically have a lower per visit costs in VDC over traditional agency care for Veterans in Case Mix Level “D” or higher.
- Veterans with mandatory nursing home eligibility, including Veterans that have a 70% Service-Connected Disability Rating or greater.
- Veterans with frequent inpatient utilization.
  - A VA study found that Veterans use of inpatient care decreased by 37% one year following VDC enrollment.

- Veterans who struggle with agency care and/or desire more choice and control over their Long-Term Services and Supports (LTSS).
- Veterans living in rural areas and/or areas with limiting supply of Homemaker/Home Health Aide (H/HHA).
- Veterans with complex care needs (e.g., spinal cord injury [SCI], traumatic brain injury [TBI], amyotrophic lateral sclerosis [ALS or "Lou Gehrig's"], Parkinson's).

Concurrent Services and Duplication of Services

1. *Aid and Attendance.* The receipt of Aid and Attendance is not to be considered when ordering or authorizing VDC services for a Veteran.
2. *Assisted Living Facility.* A Veteran residing in an Assisted Living Facility (ALF) may receive VDC services if the care provided is not included in the facility care plan and the ALF is not receiving payment to provide the care. If a Veteran, for example, receives assistance with one bath per week as part of an ALF care plan but requires assistance three times per week, bathing assistance twice a week can be provided through VDC without duplication of services.
3. *Bowel and Bladder.* The Bowel & Bladder (B&B) Standardized Episode of Care (SEOC) includes bathing assistance after the completion of bowel and bladder care as necessary. Any additional personal care needs can be authorized through VDC, and Veterans can receive both benefits.
4. *Hospice.* VA may authorize VDC services when a Veteran is enrolled in home hospice and the home hospice agency is providing the maximum amount of personal care services possible.
5. *Medicaid.* A Veteran who is dually eligible for VA and Medicaid may choose VA as first payer. States may require Veterans to seek VA assistance for PCS before approaching the Medicaid program for services covered by both entities. States may choose to supplement VA's authorization for PCS, based on the State's assessment. If a Veteran is enrolled in Medicaid at the time of referral, the VA may supplement the State authorization if Veteran has unmet needs. If all the Veteran's needs are met by Medicaid, additional services provided by the VA would constitute duplication of care. Coordination of benefits with State Medicaid agencies is encouraged to assure needed services and avoid service duplication.
6. *Other VA Purchased Personal Care Services.* In choosing VDC, Veterans are opting out of the Homemaker/Home Health Aide, Community Adult Day Health Care and Home Respite Programs. VDC Veterans may use agency services in limited situations such as emergency respite and planned employee vacations, according to their VDC spending plan and using their VDC budget for up to 3-days per year. Use of VA network agencies is not required. Additional time may

be approved by the VDC Coordinator when attempts by the Veteran, with the assistance of the VDC Provider, to find a temporary employee have been unsuccessful and the majority of the care provided continues to be self-directed. Additional time may not exceed 60 days per year.

7. *Program of Comprehensive Assistance for Family Caregivers.* See the following two memos: January 15, 2021, Assistant Under Secretary for Health for Patient Care Services (12 PCS) memorandum titled, Eligibility for Program of Comprehensive Assistance for Family Caregivers (PCAFC) and Simultaneous Use of Certain Geriatrics and Extended Care (GEC) Purchased Home and Community Based Services (HCBS); August 23, 2021 Assistant Under Secretary for Health for Patient Care Services (12 PCS) memorandum titled, Use of Geriatrics and Extended Care (GEC) Personal Care Service (PCS and Respite Care for Veterans participating in the Caregiver Support Program (CSP Program of Comprehensive Assistance for Family Caregivers [PCAFC]). Additional information can be found on the Purchased Home and Community Based Services SharePoint in the Program of Comprehensive Assistance for Family Caregivers (PCAFC) folder. Per the guidance included in these memorandums and trainings, Veterans who have a Case Mix Score of I or above may be enrolled in VDC and receive PCAFC benefits without duplication of services. In these cases, the primary caregiver cannot be an employee in the VDC program. VDC funds must primarily be used for personal care services.

Maximum Annual Per Veteran Home and Community Based Services Expenditures

The total annual Veterans Health Administration (VHA) cost of a Veteran's purchased home and community-based care services cannot exceed 65 percent of the annual cost per patient in a VA Community Living Center, per 38 U.S.C. 1720C(d). The services included in the count of expenditures are the following: Skilled Home Health Care; Program of All-Inclusive Care for the Elderly (PACE); Homemaker/Home Health Aide; Veteran Directed Care; In-Home Respite; and, Community Adult Day Health Care. Please note the cost of purchased Palliative and Hospice Care is not included in the count.

Provider Standards

Referrals for VDC services must be made to Providers who meet established Community Provider Standards.

Process Flows

A flow detailing the process of ordering, coordinating, and authorizing personal care services can be found on the OCC Community Care Hub. A second flow provides

information regarding Personal Care Services Care Coordination processes following the start of care.

CPRS Consults and Cerner Referrals

Community Care Consults must be used in Computerized Patient Record System (CPRS) to order community care services, per the OCC Field Guidebook Chapter 2. Please see the Geriatrics and Extended Care (GEC) specific One Consult Model Standard Naming Convention (VIEWS 4513116) Memorandum dated 2/15/2021 and the Clinical Applications Coordinator SharePoint for more information. The current standardized naming convention for the VDC Consult in CPRS is:

1. COMMUNITY CARE-GEC VETERAN DIRECTED CARE

The ordering provider utilizing Cerner must identify the request for Veteran Directed Care through completion of the Geriatrics Extended Care (GEC) Referral Pathway.

Consult Toolbox

The Consult Toolbox is a required tool which aids staff in the management of consults and is linked to the Computerized Patient Record System (CPRS). Information regarding the resource can be found on the Consult Toolbox SharePoint. Questions regarding the Consult Toolbox (CTB) can be searched and submitted at the OCC Consult Toolbox Office Hours - Power Apps.

Information regarding GEC specific tabs within the Consult Toolbox can be found at the beginning of the general GEC Section of this chapter. GEC Feature Enhancements to the CTB 2.0 Fact Sheet, training slides and recording demo can be found on the Consult Toolbox SharePoint site.

Of note, neither the Decision Support Tool (DST), nor the Screening Triage Tool are necessary or required for processing VDC Consults. These two items, therefore, are not included in the GEC Consult Toolbox flows.

Unable to Schedule

Guidance regarding the use of the Unable to Schedule options within the RECEIVE GEC CONSULT Section of the Consult Toolbox are located here: UTS GEC Field Document Updated 03.21.22.

Case Mix Tool

The Case Mix Tool (CMT) is designed to assist clinicians in determining the appropriate budget to best support Veterans who wish to remain at home, prevent or delay nursing

home placement, improve quality of life and safety at home, and/or provide caregiver respite. The tool should not be used to determine eligibility for enrollment in PCS.

The CMT with an automatic scoring function within Mental Health Assistant and Mental Health Web must be utilized. Please see the March 28, 2022, Assistance Under Secretary for Health for Patient Care Services (12 PCS) memorandum titled, Personal Care Services Case Mix Tool.

A CMT should be completed for Veterans referred to VDC at the time of enrollment, when a significant change in condition has occurred, and annually. Training on the use of the CMT is located on the Purchased Home and Community Based Services SharePoint in the Personal Care Services Case Mix Tool folder.

Case Mix "V" and Inpatient Hospital Support

Case Mix Level "V" is only applicable to the VDC Program and is reserved primarily for Veterans who are ventilator dependent, when the personal care needs of a Veteran cannot be met by a lower-case mix level. The Case Mix "V" budget amount is not automatically assigned. Rather, the Veteran and the VDC Provider staff build a monthly budget from the base of Case Mix "K", adding additional employee hours and other services and goods that are required due to the need for ventilator care. The resulting budget cannot exceed the Case Mix "V" budget amount. Veterans who do not require a ventilator but who have significant skilled care needs may also be considered. The budget associated with Case Mix "V" is the maximum rate available to develop a care plan for this Veteran population.

When a Veteran approved for Case Mix "V" requests significant hours of Skilled Home Health Care (private duty nursing), the VDC Coordinator will review the request in light of the annual maximum expenditure for Purchased Home and Community Based Services (HCBS) (see above). Veterans may need to reduce their VDC budget to accommodate the cost of Skilled Home Health Care (SHHC) within the statutory cap.

A Veteran who is approved for Case Mix "V" or who has a score of "K" may require continuation of VDC services during inpatient hospitalization. This practice is appropriate when clinically indicated and in support of the Veteran's care needs.

Pre-approval from Veterans Affairs Central Office (VACO) GEC is required for Case Mix "V" and inpatient hospitalization coverage, utilizing the following email: VHAPurchasedLTSSSupportGroup@va.gov.

VDC Budgets and Spending

VDC budget rates for the VDC Program are established between the VAMC and the provider, based on annually adjusted rates provided by Veterans Affairs Central Office (VACO). VDC budget rates are geographically adjusted by county to cover most Veteran's personal care needs. VAMCs can request VACO's approval for situations when the VDC budget rates are insufficient to meet a Veteran's needs.

The Personal Care Services Case Mix Tool (formerly called "The Purchased HCBS Case Mix and Budget Tool) and Case Mix Budget Calculator is used to set a Veteran's budget and VDC Provider Fees. VAMCs will provide the following information to the VDC Provider at the time of referral:

- **Veteran Budget Information:** The estimated average monthly budget for the Veteran based on their Case-Mix Level.
- **Fees:** Monthly Administrative Fee and One-Time Assessment Fee paid to VDC Provider to cover monthly management and initial enrollment costs.
- **Veteran Global Budget:** The amount the Veteran has available to spend over the course of the authorization.

VAMCs can use the VDC Case Mix Budget Calculator to assist in identifying the information noted above. The Case Mix Budget Calculator is built in excel and will provide the data below based on the Veteran's Case Mix Level, authorization dates, and geographic location:

- **Number of Months in Authorization:** Exact number of months in authorization.
- **Prorated First Month Veteran Budget:** This represents the prorated Veteran budget for the first month of the authorization period based on the actual number of days in the first month with an approved Spending Plan.
- **Average Monthly Veteran Budget:** Average monthly amount of money available to Veteran to spend on services and goods. This does not include the Monthly Administrative Fee.
- **Monthly Administrative Fee:** Monthly fee paid to VDC Provider for person-centered counseling services and financial management services (FMS), and program administration provided to the Veteran.
- **Average Monthly VA Obligation:** Average monthly amount of money spent by VA on Veteran for VDC. This includes Average Monthly Veteran Budget and Monthly Administrative Fee.

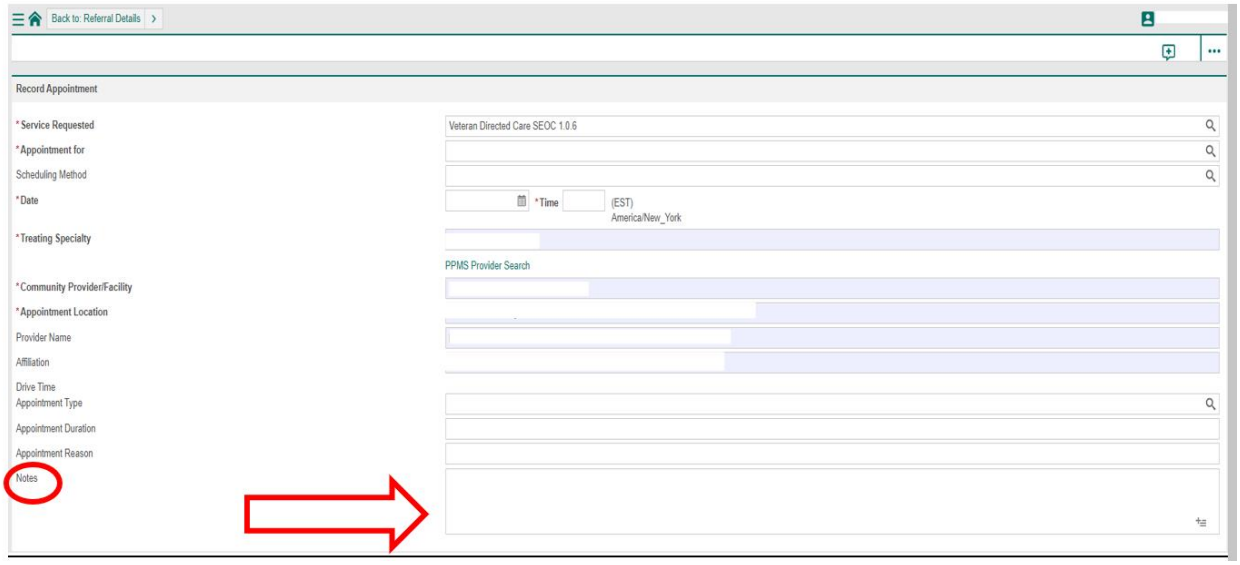
- **Total Veteran Budget for Authorization:** Total amount of money available to Veteran to spend on services and goods for entire authorization period. This does not include the Monthly Administrative Fees or Assessment Fee.
- **Full Assessment Fee:** One-time fee paid to VDC Provider to cover the costs associated with enrolling Veteran in VDC.
- **Partial Assessment Fee:** One-time fee paid to VDC Provider if Veteran is consulted by them about VDC but does not enroll.
- **Total VA Obligation for Authorization (if includes Initial Assessment Fee):** Total amount of money to list on authorization to cover all associated expenses for Veterans NEWLY enrolled in VDC for entire authorization period.
- **Total VA Obligation for Authorization (if DOES NOT include Initial Assessment Fee):** Total amount of money to list on authorization to cover all associated expenses for Veteran ALREADY enrolled in VDC for entire authorization period.

HealthShare Referral Manager (HSRM)

HealthShare Referral Management (HSRM) is the primary platform for management of community care referrals and authorizations, as well as care coordination activities. Information regarding HSRM can be found on the HSRM SharePoint.

HSRM must be utilized to create authorizations (VA Form 10-7080 or “Offline Referral Form”) for all VDC care ordered.

VDC budget level and average monthly spending authorization information should be included within the notes section located on the Record Appointment screen of HSRM.



Delegation of Authority

Delegation of Authority (DOA) is used in the consult review process for determining clinical appropriateness of a requested service prior to approval (OCC Field Guidebook Chapter 2). The determination of clinical appropriateness should be completed by staff who have been given DOA by the facility's Chief of Staff as documented on the DOA Medical Services (DOAMS) list. Information regarding DOA can be found at the beginning of the general GEC Section of this chapter. In addition, training materials can be found on the Purchased Home and Community Based Services SharePoint.

Covered Services and Standardized Episode of Care (SEOCs)

Every consult for VDC must have a SEOC attached in order to complete the authorization process. SEOCs can be found on the SEOC Database and are written into CPRS Consults through use of the Consult Toolbox. The staff member who is identified on the DOAMs list as DOA for VDC should select the Veteran Directed Care SEOC.

SEOC Title	SEOC Duration	When is this Used?
Veteran Directed Care	365 days	All VDC referrals

Purchasing Authority

VDC Providers are available only through the Veterans Care Agreement (VCA) network. See Chapter 3, Section 3.9.

Billing and Reimbursement

The VAMC will expedite payments to the VDC Provider, recognizing the need to assure that payroll for staff employed by the Veteran enrolled in VDC is met on a regular basis.

VAMCs and Providers bill on a per diem basis where the actual expenditures from the Veteran's service plan in a given month is divided by the number of days in that month that the Veteran was active in the program and the resulting amount is the per diem rate billed under Healthcare Common Procedure Coding System (HCPCS) code T1020. T2024 is a one-time assessment fee – full or partial – to cover a Provider's costs to enroll a Veteran.

Please reference the VA/ACL VDC Billing and Invoicing Guide for more information on policies and procedures for billing.

VDC Refund Policy

There are certain circumstances when VDC Providers will need to return funds to VAMCs for VDC. This happens most commonly due to end of year tax reconciliation for

employee tax withholdings. VDC Providers are required to withhold certain taxes including FICA, FUTA and SUTA taxes over the course of the year. However, some VDC employees will be exempt from these tax requirements based on the amount of time they work and are reimbursed during the year. These funds must be returned to the VAMCs.

VACO GEC has developed a guide to assist VAMCs in understanding how VDC refunds should be processed and how to communicate procedures for VDC Providers. The guide is available on the VA Purchased HCBS SharePoint site.

Care Coordination

VDC Coordinators have several responsibilities in coordinating care with VDC Providers as well as Veterans.

1. VDC Coordinators are responsible for reviewing and approving initial *VDC Spending Plans* as well as any changes to VDC Spending Plans over the course of the authorization for VDC.
    a. VDC Spending Plans at a minimum should include:
        i. An estimate of costs on personal care goods and services.
        ii. Information on employees hired by the Veteran, how much the worker(s) are paid, and an estimate of monthly work hours.
        iii. Estimated cost of the average monthly spending by the workers.
        iv. Estimated average monthly invoice.
        v. Estimated total Veteran spending during the period of the authorization, including all spending including one-time goods or services and monthly administrative fees.
2. During the review of initial and updates of the VDC Spending Plan, VDC Coordinators should review all goods and services to ensure they are allowable based on existing guidance. VDC Coordinators should pay particular attention to reviewing VDC Spending Plans to ensure Veterans have a plan to use their VDC global budget over the course of the authorization. VDC Spending Plans should outline a plan for emergency back-up and respite care based on the unique circumstances of the Veteran, their caregiver(s), and employees. VA only reimburses for goods and services that are approved by the VDC Coordinator and within the Veteran's global budget for the authorization period.
3. VDC Coordinators are responsible for monitoring VDC budget use based on monthly spending reports (MSRs) on a quarterly basis. MSRs are essential for monitoring Veteran spending against their authorized budgets and approved

spending plans. At least quarterly, VDC Coordinators should review MSRs for Veterans to ensure the Veteran's budget and spending is in alignment with the approved VDC Spending Plan. Deviations from the VDC approved spending plan should be discussed with the VDC Provider to ensure there are no changes in the Veteran's need for personal care services or issues with managing VDC responsibilities. VDC Coordinators should document the quarterly review in either a progress note or the Personal Care Services review template in the Veteran's electronic health record. A templated note is being developed.

4. It is vital for VDC Coordinators to maintain regular communication with VDC Providers to discuss critical aspects of Veteran care. It is recommended that VDC Coordinators meet at least monthly with VDC Providers. During these regular meetings, VDC Coordinators discuss:
    a. *Authorizations*: VAMC sends the VDC Provider a Veteran authorization at the time of referral consisting of Veteran's authorized budget for the authorization period, length of authorization period, and average monthly budget. At least 30 to 60 days before time for renewal of authorization, the VAMC must send a new authorization for Veterans to remain enrolled in VDC. The Expiring Referrals Report in HSRM should be used for this purpose.
    b. *Veteran Care Management*: The VAMC must communicate any pertinent clinical information with the VDC Provider that could result in changes in Veteran's functional status as it may impact their regular needs. This would, therefore, require action in order to better serve the Veteran. Discussions with VDC Provider must include needs that are beyond VDC that the VAMC should be aware of and would be responsible for the Veteran.
    c. *Veteran Contact*: The VAMC must gather information regarding the VDC Provider's oversight of the Veteran's care during the Provider's required monthly contact, including the quarterly in-home visits. VAMC stuff must document this contact in the medical record on a quarterly basis.
    d. *Veteran Spending*: Regular communications regarding reviewing the spending plan must also be discussed by VAMC with the VDC Provider. This includes when the Veteran's average budget exceeds the authorized budget which would require reevaluating Veteran's goals, needs, required goods and services, and preferences of care.
5. *180-day Review*. It is important that, during the 365-day SEOC, VA clinical staff ensure that the Veteran continues to meet eligibility criteria for VDC, is receiving

the care that has been ordered, and does not require a change in authorized hours or VDC Provider.

a. The review should occur, at a minimum, 180 days from the state of care.
b. The review should not occur more than 30 days prior to the due date of the review.
c. The review should not be based on chart and VDC Provider's documentation review alone. A conversation with the Veteran, primary caregiver, or VDC Provider must occur in order for the review to be complete.
    i. A minimum of two contact attempts must be made to the Veteran or primary caregiver. A minimum of one phone call attempt and one contact letter may occur on the same day to fulfill this requirement.
    ii. If the attempts to contact the Veteran or primary caregiver are unsuccessful, the VDC Provider should be contacted.
    iii. Best practice for the completion of the 180-day review is to:
        1. Review pertinent notes in the electronic medical record, and
        2. Review VDC provider documentation, and
        3. Speak directly with the Veteran, primary caregiver if one is present, and the VDC Provider.
    iv. A standardized template and accompanying guide has been released.

6. *Authorization Elements Change*. When a Veteran experiences a change in their current condition which results in a new Case Mix Index (CMI), a new consult/SEOC/authorization is not required. The Veteran Directed Care SEOC covers all case mix scores and budgets. A comment, however, should be added to the consult indicating any changes in Case Mix (CM). Updated information should also be added to the Record Appointment screen in HSRM (see HSRM section above).

Disruptions to the Provision of Care

Veterans who are actively enrolled in the VDC Program may exhibit disruptive behaviors or reside in conditions which impact the provision of care. These disruptions can generally be categorized as one or a combination of the following:

Unsafe Environment	Verbally or Emotionally Disruptive Behavior	Physically Disruptive Behavior
• Unsanitary home conditions • No running water • No electricity • Pest or insect infestation • Inability to mitigate extreme temperatures • Unsafe oxygen use • Prescence of aggressive animals • Unsecured weapons • Prescence of criminal activity • Active alcohol and/or drug abuse during home visit	• Sexual harassment which includes any unwelcome or inappropriate sexual remarks • Discrimination based on race, religion, sexual orientation • Verbal abuse or bullying which results in emotional harm • Emotional abuse including attempts to control another person by using emotions to criticize, embarrass, shame, blame, or otherwise manipulate the person	• Physical abuse including any act where one person uses their body in order to inflict injury or trauma to another person • Sexual harassment or assault including any unwelcome or inappropriate physical sexual advances

When these conditions occur, it is recommended that staff complete the following process:

1. Gather detailed information from the VDC Provider related to the concern and/or complaint, including any actions taken by the Provider.
2. Gather detailed information from the Veteran and/or surrogate regarding the situation.
3. Alert the Veteran's Patient Aligned Care Team (PACT) of barriers to the provision of personal care services for the Veteran.
4. Conduct an interdisciplinary meeting to discuss potential interventions, including but not limited to:
    a. Interventions for all types of disruptions
        i. Review patient rights and responsibilities
        ii. Review program guidelines
        iii. Referral to disruptive behavior committee for consultation regarding potential interventions
        iv. Therapeutic limit setting using a behavior agreement, letter of concern, or warning letter
        v. Consider referrals to additional VA and community supports and services

vi. Consider recommendation that Veteran move to a higher level of care

b. Interventions for unsafe environment (see list of interventions for all types of disruptions)

i. Provision of referrals to community resources to assist with utilities, pests, unsanitary conditions, etc.

ii. Provision of referrals to VA and community resources for drug and alcohol abuse treatment.

iii. If Veteran has been discharged from the VDC Provider, refer to an alternate Provider if available. It is recommended that 20% of available VDC Providers are contacted to screen the Veteran for admission. If fewer than three Providers are available in the local community, the maximum number available should be contacted. The VDC Providers should be advised of any prior concerns related to an unsafe environment.

iv. If Veteran has been discharged from services by three or more VDC Providers, it is recommended that the Veteran be discharged from the VDC Program once other potential VA and community referrals have been exhausted.

c. Interventions for verbally and emotionally disruptive behaviors (see list of interventions for all types of disruptions)

i. Interventions when behaviors are exhibited by Veteran:

1. Educate the Veteran regarding acceptable and unacceptable behaviors
2. Request an alternate caregiver, specifying other individual characteristics as appropriate
3. Referral to Disruptive Behavior Committee for potential addition of flag to Veteran's record, if appropriate
4. Alert Veteran's PACT as appropriate for possible evaluation of reversable causes of behavior or alternative treatment options
5. If the Veteran has cognitive impairment, refer to a VDC Provider or aide that is adequately equipped to manage behaviors resulting from cognitive impairment, if available

ii. Interventions when behaviors are exhibited by someone other than the Veteran:

1. Request that the person(s) displaying disruptive behaviors are not present during Veteran's scheduled home visits

iii. Interventions when behaviors are exhibited by either the Veteran or someone other than the Veteran:

1. Request an alternate VDC Provider which has demonstrated the ability to successfully manage disruptive behaviors, if available
2. If Veteran has been discharged from the VDC Provider, refer to an alternate Provider. It is recommended that 20% of available VDC Providers are contacted to screen the Veteran for admission. If fewer than three Providers are available in the local community, the maximum number available should be contacted. The VDC Providers should be advised of any prior verified verbally or emotionally disruptive behaviors.
3. If Veteran has been discharged from services by three or more VDC Providers, it is recommended that the Veteran be discharged from the VDC Program once other potential VA and community referrals have been exhausted.

d. Interventions for physically disruptive behaviors (see list of interventions for all types of disruptions):

i. Interventions when behaviors are exhibited by Veteran:

1. Confirm whether law enforcement and/or Adult Protective Services have been alerted or are involved; if not, engage as appropriate
2. Complete a Disruptive Behavior Report in the Disruptive Behavior Reporting System
3. Refer to Behavioral Health
4. Complete Behavioral Health Contract as clinically appropriate
5. Request an alternate VDC Provider which has demonstrated the ability to successfully manage disruptive behaviors, if available
6. If Veteran has been discharged from the VDC Provider, refer to an alternate Provider. It is recommended that 20% of available VDC Providers are contacted to screen the

Veteran for admission. If fewer than three Providers are available in the local community, the maximum number available should be contacted. The VDC Providers should be advised of any prior verified physically disruptive behaviors

7. If Veteran has been discharged from services by two or more VDC Providers, it is recommended that the Veteran be discharged from the VDC Program once other potential VA and community referrals have been exhausted

ii. Interventions when behaviors are perpetuated against Veteran:

1. Confirm whether law enforcement and/or Adult Protective Services have been alerted and are involved; if not, engage as appropriate

5. Hold conference with Veteran and/or surrogate to address and take actions based on the recommendations of the Interdisciplinary Team and/or the Disruptive Behavior Committee.
6. All interventions and actions taken are to be documented in the Veteran's electronic health record.

If the Veteran remains enrolled in the VDC Program, a re-evaluation of the success of the interventions and actions taken should occur at 60-day intervals and as needed until the situation has stabilized. If the situation remains unstable, it is recommended that the Interdisciplinary Team be reconvened to consider interventions not yet pursued.

If the Veteran is discharged from the VDC Program, a reconsideration of enrollment in the program should occur once there is evidence that the conditions or behaviors prompting discharge are no longer present. Readmission should also be considered if a VDC Provider with the ability to successfully manage disruptive behaviors becomes available.

Samples of documents referenced in the interventions listed above can be found in the Disruptions to the Provision of Home Care folder on the Purchased Home and Community Based Services – Home. Additional resources can be found on the Workplace Violence Prevention Program (sharepoint.com). Guidance regarding referring Veterans with behavioral flags for community care can be found in Chapter 3 of the Office of Community Care Field Guidebook.

Safety

Any patient safety event that occurs during a VDC episode of care should be reported in the Joint Patient Safety Reporting System (JPSR). The forms with instructions for completion and submission can be found at the following links:

Additional information related to patient safety and quality events may be found on the Patient Safety – Incident Reporting SharePoint.

Consult Completion

VDC Consults should be completed following the Veteran's start of care and the receipt of VDC Provider's documentation. Documentation from a Provider may be accepted in different forms (see HSRM Task Associated with GEC Documents grid) but should provide proof of start of care, as well as any information necessary for continuity and coordination of care. GEC Consults should follow existing consult completion processes as outlined in Chapter 4 of the Office of Community Care Field Guidebook. VDC is not designated as a Low-Risk Clinic.

Roles and Responsibilities

Veterans Integrated Services Network (VISN) Director

The VISN Director is responsible for:

- Communicating national VDC policies, guidance, and other VDC-related information to VA medical facilities within the VISN, as shared by the Assistant Under Secretary for Health.
- Ensuring VHA facilities under their jurisdiction are provided adequate staffing, funding, training, support, and resources for implementing the VDC Program.
- Support the growth and sustainment of VDC Program.

VA Medical Facility Director

The VA Medical Facility Director is responsible for:

- Delegating the management of the program to the VDC Coordinator who is a social worker or registered nurse with demonstrated ability and competence in patient care, interpersonal relationships, communication, customer service, and program administration.
- Ensuring the integration of VDC into facility policies when appropriate. Local development of standard operating procedures (SOP) is necessary for local program needs.
- Support the growth and sustainment of VDC Program.

Veterans Integrated Services Network Rehabilitation and Extended Care Integrated Clinical Community (RECICC) Lead

The VISN RECICC Lead is responsible for:

- Collaborating with VISN and VA Medical Facility ICC Leadership to spread VDC strong practices, facilitate quality improvement and support internal and external research and educational activities.
- Ensuring that leaders and points of contact for VDC Programs within their VISN are informed of or participate in national, VISN and VA Medical Facility-Level Geriatric Program Activities, including those that are functionally located in non-GEC reporting structures.
- Disseminating VDC reports received from the Executive Director, GEC, as appropriate.

Veteran Directed Care Coordinator

The VDC Coordinator is responsible for:

- Monitoring the quality of care to Veterans in VDC.
- Follow the procedures in the VDC Field Guidebook.
- Ensuring VDC Providers are compliant with their oversight responsibilities.