



Veteran Directed Care (VDC) Operations Manual Template

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Table of Contents

Overview:	1
Section I: VDC Program Background, Guidelines for Participation, Contracts, Preparing to Deliver VDC, and Roles and Responsibilities	2
Veteran Directed Care Program Background	2
Guidelines for Participation	2
<i>Veteran Eligibility</i>	2
<i>Aging and Disability Network Agency Participation</i>	4
Veteran Care Agreements and Contracts: VA Community Care Program	5
Preparing to Deliver Veteran Directed Care: Steps to Consider	6
(1) <i>Sign a VCA</i>	6
(2) <i>Register for a National Provider Identifier Number (NPI)</i>	6
(3) <i>Complete VA Vendorization Process</i>	7
(4) <i>Sign up for HealthShare Referral Manager (HSRM) and the Customer Engagement Portal (CEP)</i>	7
(5) <i>Complete required training</i>	7
VAMC, VDC Provider, and Participant Roles and Responsibilities	8
Section II: Referral and Intake	10
Referral Process	10
Steps to Consider During the Intake Process	11
Section III: Assessment and Spending Plan Development	13
Assessment Process	13
<i>Additional Information to Consider for the Assessment Process</i>	13
Spending Plan Development	14
<i>Allowable Expenditures</i>	14
<i>Additional Information to Consider Regarding Allowable Expenditures</i>	14
<i>Non-Employee Goods and Services</i>	15
<i>Monthly Spending Plan</i>	15
<i>Additional Information to Consider about the Monthly Spending Plan</i>	16
VAMC Monthly Spending Plan Approval	17
Monthly Service Report	17

Section IV: Initiating Services and Hiring Workers	18
Initiating Services	18
Hiring Workers	18
Home Care Agency Services	19
Section V: Ongoing Monitoring	21
Ongoing Monitoring	21
Managing Spending	22
Disenrollment	22
Section VI: Billing and Invoicing	24
Billing and Invoicing	24
<i>Monthly Responsibilities</i>	24
<i>Monthly Services Report</i>	24
<i>VDC Invoices</i>	25
<i>Emergency Back-up Care and Planned Purchases</i>	25
<i>Additional Processes to Consider for Billing and Invoicing</i>	25
Section VII: Quality	26
File Review	26
Satisfaction Survey	26
Complaints	27
Monitoring Quality of Service Delivery and Subcontractors	27
Appendix A: Veteran Directed Care Operations Manual Template Reference Guide	28

Overview:

This Operations Manual Template outlines information about Veteran Directed Care (VDC) program operations to inform the development of a VDC provider's VDC operations manual. It shares references to the U.S Department of Veterans Affairs (VA) VDC requirements noted in the footnotes, as well as additional information about program best practices to support program consistency, access, and efficiency. VDC providers may use this template to guide the development of their local program operational policies in accordance with VA requirements and individual Veterans Affairs Medical Centers' (VAMC) standard operating procedures.

This template is organized by key operational areas and includes details on both VA requirements as well as additional guidance on best practices for operating the VDC program, defined below.

VA Requirements	Additional Guidance
Mandatory policies and procedures for all operational VDC programs, as specified in VA policy documents (referenced throughout the template in the footnotes).	Best practices for standard operating procedures (SOPs) that guide the development of VDC providers' local program policies.

Section I: VDC Program Background, Guidelines for Participation, Contracts, Preparing to Deliver VDC, and Roles and Responsibilities

This section provides an overview of the VDC program and guidelines for the VDC provider, VA Medical Center (VAMC), and Veteran participant.

Veteran Directed Care Program Background

VDC serves Veterans of all ages and with all types of disabilities who are enrolled in the VA health care system or who do not require enrollment under [38 CFR 17.37](#),¹ and who are in need of nursing home care.² The VDC program provides Veterans the opportunity to receive home and community-based services (HCBS), supporting them to live independently in their homes. Veterans manage their own monthly budget to directly hire workers and/or purchase goods and services to meet their needs in their home and community.

VDC is modeled after self-directed programs, a method of providing long-term services and supports (LTSS) in which individuals determine the services they receive. This includes hiring their own workers and purchasing goods and services from a pre-determined budget and spending plan. The individual receiving the services, or their authorized representative, is the employer of the workers providing services to the individual.³

Broadly, participant direction is available in all fifty states and through a variety of Medicaid waiver programs.⁴ On June 7, 2014, the Secretary of the Department of Health and Human Services (HHS) provided guidance on person-centered planning and participant direction with regard to Section 2402a of the Affordable Care Act⁵ and the [final rule for the Centers for Medicare and Medicaid Services \(CMS\) on Medicaid HCBS](#).⁶ The issued guidance provides standards for administering a consistent policy and approach across programs providing HHS-funded HCBS.

Guidelines for Participation

Veteran Eligibility

All Veterans enrolled in the Veterans Health Administration (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.”⁷ 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

¹ [38 CFR 17.37 outlines VA eligibility.](#)

² [Office of Community Care VDC Field Guidebook, 2023](#)

³ Ibid

⁴ [Self-Directed Services located on the Medicaid.gov webpage.](#)

⁵ [Guidance on person-centered planning and participant direction with regard to Section 2402a of the ACA](#)

⁶ [Secretary’s Guidance on Implementing Section 2402\(a\) of the Affordable Care Act](#)

⁷ [38 CFR 17.38](#)

the Veteran would, in the absence of 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.⁸

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:⁹

- Three or more activities of daily living (ADL) dependencies;
- Significant cognitive impairment that leads to ADL dependencies;
- Meets some of the criteria of the target population, but clinically determined by the local VAMC to need services;
- Receives hospice services and needs extra support;¹⁰ and
- Two ADL dependencies **and** two or more of the following:
 - Three or more instrumental activities of daily living (IADL) dependencies;
 - Recent discharge from a nursing facility or nursing home discharge contingent on receipt of HCBS services;
 - 75 years old or greater;
 - Three or more hospitalizations or 12 or more outpatient clinic/emergency evaluations in past 12 months;
 - Diagnosis of clinical depression; and/or
 - Lives alone in the community.

The VAMC's clinical care team may determine that a Veteran who does not meet clinical eligibility for VDC is in need of VDC services. The VAMC's clinical care team must document clinical justification in the Veteran's medical record.

⁸ [Office of Community Care VDC Field Guidebook, 2023](#)

⁹ Ibid

¹⁰ Duration of anticipated hospice services must be considered when weighing if VDC is in the best interest of Veteran given time required for onboarding hired workers.

When identifying a potential Veteran for VDC, VAMCs may also consider the following characteristics:¹¹

- Expressed interest or desire for self-direction (Veteran or authorized representative);
- Level of Personal Care Service (PCS) needs greater than the average Veteran served in traditional VA home care programs;
- Complex care needs (e.g., spinal cord injury [SCI], traumatic brain injury [TBI], amyotrophic lateral sclerosis [ALS or “Lou Gehrig’s”], Parkinson’s);
- Mandatory nursing home coverage eligibility, which requires the Veteran to have a service-connected disability rating of 70% or greater;
- Frequent inpatient utilization;
- Desire for more choice and control over their LTSS;
- Lives in rural locations; and/or
- Agency-based home care does not meet the needs of the Veteran.

Fast Facts about Veterans Enrolled in VDC:

- Veterans whose needs are greater than what is met through the Homemaker and Home Health Aide (H/HHA) program when case mix level “D” or higher can receive services at home through VDC.
- Veterans enrolled in VDC experienced:
 - 37% decrease in nursing home utilization in the year following enrollment;
 - 50% reduction in emergency room visits six months’ post-enrollment in VDC;
 - 48% reduction in hospital admissions; and
 - 63% reduction in bed days of care.

Sources: The Lewin Group (December 12, 2017) [Veteran Spending in VD-HCBS Ad Hoc Report](#); [VDC January 2017 Educational Webinar](#).

VDC providers should understand and confirm any additional targeting criteria that is unique to their VAMC for Veterans eligible for the program.

Aging and Disability Network Agency Participation

The VA Maintaining Internal Systems and Strengthening Integrated Outside Networks (MISSION) Act passed in 2018 includes a provision (Section 1703A. (b)) that enables VA to engage in Veteran Care Agreements (VCAs) with Aging and Disability Network Agencies (ADNAs) which include:

- Aging and Disability Resource Centers (ADRCs);
- Area Agencies on Aging (AAAs);
- Centers for Independent Living (CILs); and
- State Units on Aging (SUAs).¹²

¹¹ [Office of Community Care VDC Field Guidebook, 2023](#)

¹² [Section 1703A.\(b\). Eligible Entities and Providers](#).

ADNAs must meet the VDC readiness criteria before they can sign a VCA to offer VDC and serve Veterans.¹³ As VDC providers, ADNAs serve as community providers to VA and help maximize a Veteran's independence within their homes and communities. The specific readiness criteria demonstrate the ADNA's capacity to implement VDC in a manner that facilitates the ability of the enrolled Veterans to do the following:¹⁴

- Receive a person-centered assessment and care planning assistance;
- Decide for themselves, or with an authorized representative, what mix of goods and services will best meet the Veteran's care needs, cumulating in a Veteran spending plan;
- Manage an individual budget with a flexible Veteran-centered spending plan;
- Hire and supervise their own workers, including family or friends;
- Purchase goods or services needed to live independently in the community;
- Have access to Financial Management Services (FMS) and counseling support services which facilitate service delivery (Fiscal/Employer Agent (F/EA) is the preferred model¹⁵); and
- Utilize traditional service providers, if desired, to supplement VDC only for unforeseen emergencies.

The Fiscal/Employer Agent (F/EA) Model

In this model, the Veteran or their authorized representative is the common law employer (i.e., Veteran/representative-employer) of the Veteran employees they hire, train, manage, and discharge directly. The F/EA FMS entity serves as the *employer's agent* to the common law employer (i.e., Veteran/representative-employer). The F/EA FMS entity is not the employer of the Veteran employees that the common law employer hires directly.

Veteran Care Agreements and Contracts: VA Community Care Program

As part of the MISSION Act, the Veterans Community Care Program (CCP) governs how eligible Veterans receive necessary hospital care, medical services, and extended care services from non-VA entities or providers in the community. ADNAs are considered non-VA entities or providers in the community.

Generally, VA purchases community care for Veterans through three different methods, however, VDC is purchased through the use of VCAs. The three purchasing authorities include:¹⁶

1. VCAs: VA MISSION Act includes a provision (Section 1703A.(b)) that enables the VA to engage in VCAs with SUAs, ADRCs, AAAs, and CILs.¹⁷ As of June 6, 2019, VA uses VA MISSION Act appropriations to pay for VDC through VCAs.

¹³ ADNAs include Aging and Disability Resource Centers (ADRCs), Area Agencies on Aging (AAAs), Centers for Independent Living (CILs) and/or State Units on Aging (SUAs).

¹⁴ [Office of Community Care VDC Field Guidebook, 2023](#)

¹⁵ The Fiscal/Employer Agent FMS model can be separated into two sub-models: The *Government F/EA FMS* and *Vendor F/EA FMS*. Each FMS model operates in accordance with [Section 3504 of the IRS code](#), and [Rev. Proc. 2013-39](#) and are the preferred FMS models for the VDC program.

¹⁶ [VA Community Care, Provider Overview](#).

¹⁷ [Section 1703A.\(b\), Eligible Entities and Providers](#).

2. Community Care Networks (CCN): signing a contract with VA's CCN contractors (e.g., third party administrators). Currently, these administrators are TriWest HealthCare Alliance and Optum.
3. Patient-Centered Community Care (PC3) network: establishing a contract with TriWest to provide care under circumstances when services are not available within a VA medical facility.

Please note that VDC providers deliver VDC under VCAs, not through CCN. VAMCs are instructed not to use CCN to refer Veterans for VDC.

Preparing to Deliver Veteran Directed Care: Steps to Consider

(1) Sign a VCA

VDC providers are required to sign a VCA to receive Veteran referrals for VDC from one VAMC. **VDC providers serving Veterans in partnership with more than one VAMC are only required to sign one VCA and the signed VCA is valid for three years.** VAMCs issue separate and new authorizations for care provided under VCAs. VDC providers are required to provide their VCA number to ACL by emailing veterandirected@acl.hhs.gov.

(2) Register for a National Provider Identifier Number (NPI)

As a VDC provider, your organization will need an NPI number to bill the VAMC for VDC services. VAMCs verify that health care providers are not included in the HHS Office of Inspector General (OIG) List of Excluded Individuals and Entities (LEIE) using the supplied NPI. Invoices that do not include an NPI, or the NPI is included in the LEIE, will be rejected by VA. VDC providers are required to provide their NPI to ACL by emailing veterandirected@acl.hhs.gov.

- ADNAs may apply for a NPI number using the agency's Employer Identification Number (EIN), mailing address, and phone number through <https://nppes.cms.hhs.gov/#/>.
- Most agencies will use the Provider Type "Case Management" – 251B00000X. For more information on [how to apply for an NPI](#).

(3) Complete VA Vendorization Process

Prior to submitting a VDC invoice, VDC providers must be vendorized by VA's Financial Services Center (FSC). VDC providers must first register for the [System for Award Management \(SAM\)](#). To complete the vendor process, VDC providers need to complete the [form VA 10-091](#). The second page of the form includes instructions and a fax number to submit the completed form. If there are any questions, VDC providers can call the VA's FSC at (877) 353-9791.

(4) Sign up for HealthShare Referral Manager (HSRM) and the Customer Engagement Portal (CEP)

HealthShare Referral Manager (HSRM)

Benefits of HSRM for VDC Providers:

- Facilitates health information exchanges between VA and VDC providers through one unified platform
- Reduces turnaround time for authorizations and reimbursement
- Provides easy access to standard episode of care (SEOC) information
- Reduces time wasted waiting for fax, phone, or email contact prior to serving a Veteran

HealthShare Referral Manager (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.¹⁸ Community providers can access HSRM to manage referrals assigned to their facility, thus improving information sharing.

Customer Engagement Portal (CEP)

CEP is a VA web application for community providers and other registered vendors to research the status of claims received by VA. This includes information on previous, current, and future payments, and provides the option to check the status of CMS 1500 (HCFA-1500) or CMS 1450 (UB-04) claims forms. VDC providers can sign up for and access a CEP account through <https://www.cep.fsc.va.gov/>.

(5) Complete required training

Under the VA MISSION Act, Section D, **Provider Qualifications and Conditions for Provision of Covered Services**, the VCA states that providers must complete VA's online General Competency Training Course within 180 days of signing the VCA.^{19,20}

Section 133 Required Training Course: A

Perspective for Veteran Care: VDC providers must comply with VA's established general competency standards and requirements for specialized areas, including post-traumatic stress disorder (PTSD), military sexual trauma (MST), and Traumatic Brain Injury (TBI). In compliance, VDC providers must complete VA's online General Competency training course, *A Perspective for Veteran Care*.

[VA's Community Care Provider Education and Training Resources](#) webpage provides information on educational opportunities for VA community providers. To access VA trainings,

¹⁸ [VA » Health Care » Community Care » Request and Coordinate Care](#).

¹⁹ [VA Form 10-10171, Veterans Care Agreement](#).

²⁰ [VA MISSION Act Sections 131 and 133](#).

VDC providers must create an account on the [VHA TRAIN website](#). [Learn how to create](#) a VHA TRAIN account. Once VDC providers activate their VHA TRAIN account, VDC providers may access the account through the [VHA TRAIN log in page](#) to manage their profile and register for and launch trainings.

VAMC, VDC Provider, and Participant Roles and Responsibilities

1. VDC providers' responsibilities are to:²¹

- Conduct a person-centered assessment;
- Facilitate and support care and service planning;
- Assist Veterans in developing a spending plan using person-centered approaches;
- Educate and support Veterans in the role of employer;
- Provide Financial Management Services (FMS);
- Engage in ongoing monitoring of Veterans' receipt of services and their well-being;
- Provide ongoing counseling and support to Veterans, their families, and caregivers;
- Bill the VA timely and accurately, submitting VDC invoices electronically using Electronic Data Interchange (EDI) 837 (VDC providers using the UB-04 claim form to submit paper VDC invoices should review the guidance in the [VDC Billing and Invoicing Guide](#) and consider local strategies for converting to electronic invoices); and
- Develop and submit detailed monthly services reports to the VAMC VDC Coordinator.

Most frequently, the FMS is a subcontractor to the VDC provider. In some instances, the FMS function is performed by the VDC provider in-house. The FMS supports the Veteran with budget and employer responsibilities. The FMS functions are to:

- Establish Veteran as the employer, assuring completing and filing of paperwork;
- Assist in enrolling employees in required government programs;
- Manage payroll, including tax filings;
- Assist with Veteran purchase of goods and services; and
- Provide data on Veteran services to meet reporting requirements.

2. VAMCs' responsibilities are to:²²

- Determine Veteran eligibility and identify and refer Veterans to the VDC provider;
- Develop an agreement with the local ADNA to designate them as a provider of VDC services;
- Authorize services;

²¹ OCC Procedures Guide, June 2015

²² [Office of Community Care VDC Field Guidebook, 2023](#)

- Determine the budget amount using the Purchased HCBS Case Mix and Budget Tool;
- Review and approve spending plans, monthly spending reports, and requests for changes in budget or spending plan; and
- Reimburse the provider in a timely and accurate manner.

3. Veterans' responsibilities are to:

- Define their goals for independent living;
- Decide what mix of goods and services will best meet their care needs as well as those of their primary caregiver(s);
- Manage an individualized budget and flexible spending plan;
- Fulfill and comply with all employer responsibilities including hiring and supervising their own workers, including family or friends; and
- Purchase goods or services needed to live independently in the community.

In VDC, the Veteran is at the center of the program as they identify their goals to live independently, design a spending plan to achieve their goals, and manage the employees that provide their personal care services.

4. Person-Centered Counselor

The person-centered counselor (PCC) serves as an advocate and coach to the Veteran, caregiver(s) and/or authorized representative. The PCC is an extension of the VAMC, supporting the Veteran and monitoring their health and well-being. The PCC is a paid professional who is trained in self-direction, including budget development, person-centered practices, and Veterans' health and support needs. The PCC's responsibilities are to:

- Educate Veterans on the VDC program;
- Work with the Veteran to assess, identify, coordinate, and monitor supports and services on an ongoing basis;
- Support the Veteran to create and manage their spending plan; and
- Monitor all VDC spending along with the Veteran, FMS, and VAMC.

5. Authorized representatives' responsibilities are to manage the 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. 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 for workers as outlined in the [VDC Operations Manual](#) and state policies and as specified by the VDC provider to be hired as a worker or designated as a Veteran's AR. This guidance does not apply to ARs previously approved.

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. Veteran representatives may not serve as paid workers.

Section II: Referral and Intake

This section specifies the Veteran referral process, including information provided by the VAMC in the initial referral, how the referral is transmitted, standard forms used, the point of contact at the VDC provider for receiving the referral, and timeframes for the VDC provider to respond to the initial referral.

Additionally, it describes the intake process with the Veteran, including the initial call, home visit, and person-centered assessment, as well as forms used, topics discussed with the Veteran, and timeframes for submission of documents.

Referral Process

Once a VDC provider signs a VCA with the VA, they are eligible to begin receiving referrals and authorizations from VA to provide VDC. Referrals and authorizations are sent to the VDC provider through HSRM.

The VDC provider and VAMC determine what information to share within the referral. This may include:

- Demographic information;
- Primary diagnosis;
- ICD-10 code;
- Medication list;
- Qualifying criteria;
- Completion of case mix and budget tool;
- VDC budget level and average monthly spending authorization information;
- Consent to share information; and
- Authorization number.

The VDC provider, in consultation with the VAMC, develops procedures for the receipt of referrals from the VAMC, including:

- Forms used;
- Mechanisms for sharing information (e.g., fax, secure email, share point, FTP). Policies should address how the sharing of PHI and PII, if any, will be protected;
- Responsible party/title or position at the VDC provider organization for receiving and responding to the referral;
- Expected communication between the VDC provider and VAMC;
- The VDC provider acknowledges receipt of referral from the VAMC **within one business day**; and

- The VDC provider contacts the Veteran **within two business days of receiving the referral** to schedule an intake home visit. The VDC provider documents any delays at the request of the Veteran in the Veteran's file and communicates this delay to the VAMC.

Steps to Consider During the Intake Process

1. The VDC provider receives the Veteran referral from the VAMC through HSRM.
2. Within two business days of receiving a referral, the VDC provider contacts the Veteran to ask or answer any initial questions, confirm the Veteran's interest in proceeding with the assessment process, and schedule the intake visit with the Veteran according to their stamina and preferences.
3. Within five business days of receiving a referral, the VDC provider conducts a face-to-face intake home visit with the Veteran.

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 in the Veteran's HSRM referral and any internal VDC provider files.

During the home visit, the PCC:

- Describes the VDC program, including benefits to and responsibilities of the Veteran, including:
 - Orientation to Veteran-direction;
 - Roles of Veteran, PCC, VAMC, VDC provider, and FMS;
 - Role as an employer;
 - Veteran's ability to conduct tasks associated with Veteran-directed program, including risks and responsibilities;
 - Option to select an authorized representative;
 - Process and frequency for re-assessments;
 - Process for changing the spending plan;
 - Choice of VDC services and care providers, including family caregiver support;
 - Veteran rights and process for resolving grievances;
 - Resources for unpaid caregivers, if applicable; and
 - Gather any additional demographic information from the Veteran not collected during the initial referral.

The VDC provider should document which information to collect from the Veteran, including forms or tools requiring completion and which VDC provider staff is responsible for intake.

If the VDC provider believes it is impractical to conduct separate home visits for intake, assessment, and development of the spending plan due to Veteran preference, urgency to begin

services, or geographic distance from the Veteran, the VDC provider will discuss this need with the VAMC and may conduct the intake by phone with agreement from both the VAMC and Veteran.

Section III: Assessment and Spending Plan Development

This section describes the assessment process, including any tools used and timeframes for completing the assessment and submitting documentation to the VAMC.

Additionally, this section describes the process for development and approval of a spending plan, including any forms used, contents of the spending plan, timeframes for submission to the VAMC, the VAMC approval process, and how potential risks are discussed and negotiated with Veterans.

Assessment Process

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, 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, and conducts face-to-face visits at least quarterly to monitor well-being.²³

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.

Additional Information to Consider for the Assessment Process

Within 10 business days of the intake visit, the PCC conducts a person-centered assessment using the functional assessment tool approved during the Readiness Review process. The PCC may also use additional tools (e.g., fall risk, home safety assessments), as appropriate.

The PCC uses a person-centered assessment process and documents Veteran's goals, preferences, and needs as the foundation for the Veteran's spending plan. The VDC provider specifies how PCCs will conduct a person-centered assessment process, including:

- The tool(s) or form(s) to be used;
- Topics to be discussed; and
- Information to be collected.

If the Veteran has an unpaid caregiver, the PCC will offer to use a caregiver assessment tool (e.g., [Modified Caregiver Strain Assessment](#)) to determine caregiver needs. The PCC and the VDC Coordinator also document whether the Veteran is capable of directing their own services (i.e., can make decisions about their ADLs/IADLs with an understanding of the impact of their

²³ If face-to-face is not an option for health reasons, the PCC may seek VDC coordinator approval to schedule a virtual meeting with the Veteran, although face-to-face meetings are strongly preferred.

choice) or if an authorized representative is needed as determined by the Veteran and/or legal representative (e.g., power of attorney, guardian).

Spending Plan Development

Allowable Expenditures

The purchase of goods and services must meet all the following criteria:²⁴

1. Meets the identified needs, goals, and outcomes in the Veteran's spending plan;
2. Improves the Veteran's ability to remain safely in their home;
3. Addresses the ADLs or IADLs needs of the Veteran;
4. Be the least costly alternative that reasonably meets the Veteran's identified needs;
5. Not be provided or paid for by VA, Medicare, Medicaid, TRICARE, or other agency, organization, program, service, or insurance;
6. Not be the responsibility of the Veteran as a homeowner to maintain, repair, or replace goods and services; **AND**
7. **Be for the Veteran.**

If all the above criteria are met, goods and services are appropriate purchases when they are reasonably necessary to meet one or more of the following Veteran outcomes:

- Support the ability of the Veteran to remain in their home and access their community resources and network;
- Enhance community engagement and family involvement;
- Develop, maintain, or improve personal, social, physical, or work-related skills;
- Decrease dependency on formal support services (i.e., reduce the need for purchasing services through other professional health and community-based service providers);
- Increase the Veteran's independence;
- Increase the Veteran's safety in their home and community; and/or
- Enhance family involvement by increasing the ability of direct care workers and caregivers, including family members and friends, to receive education and skills training needed to provide support to the Veteran.²⁵

Additional Information to Consider Regarding Allowable Expenditures

The VDC provider discusses with the VAMC Program Coordinator any Veteran requests for goods and services that require clarification based on the VA's policy. The VDC provider documents the VAMC's determination.

²⁴ VDC Office Hour Session Four. October 13, 2021. [My Organization is a VDC Provider.](#)

²⁵ Ibid

If state policy affects a Veteran's ability to purchase goods and services allowable under VA policy (e.g., nurse practice regulations), the VDC provider discusses the restriction with the VAMC and specifies how the Veteran will comply with applicable state and local policies.

Non-Employee Goods and Services

The VDC provider develops written procedures for the purchase of non-employee goods and services that:

- Assure all purchases are approved by the VAMC and documented in the spending plan;
- Specify the documentation the selected vendor submits to the FMS;
- Specify the process by which the Veteran requests payment for the Vendor; and
- Address how the PCC will support the Veteran to plan for emergency back-up care and planned purchases, as needed.

Monthly Spending Plan

VDC providers assist in arranging Veteran-directed services based upon the needs and preferences of the Veteran. In addition to ongoing options counseling/counseling support services (including care management) and fiscal management services, this support initially results in a person-centered assessment and Veteran spending plan. The PCC uses a person-centered approach to develop a spending plan with the Veteran according to their needs and preferences. The PCC meets with the Veteran face-to-face to develop the spending plan. VDC providers may use the [VDC Monthly Spending Plan template](#) to help map how Veterans intend to use their VDC budget and estimate spending during their authorization period.

A Veteran's spending plan includes information on the workers hired by the Veteran, as well as other goods and services the Veteran plans to purchase to meet their needs.²⁶ In addition, the spending plan delineates the amount the Veteran is estimated to spend in each month, one-time purchases of goods and services, as well as planned purchases. The VDC provider then compares this amount against the total budget available to the Veteran for the authorization period. As a result, the VDC spending plan is critical to ensuring that Veterans, the PCC, VDC

In VDC, Veteran spending plans can include HCBS (see [Goods and Services](#) for details):

- Personal Care (e.g., physical or verbal assistance with eating, bathing, dressing, grooming, and transferring)
- Homemaker (e.g., cleaning, laundry, meal planning and preparation, and shopping)
- Adult Day Care
- Assistive Technology (e.g., emergency response system and electronic pill reminder)
- Home-Delivered Meals
- Caregiver Support (e.g., counseling and training)
- Respite Care
- Environmental Support (e.g., yard care, snow removal, and extensive cleaning)
- Other goods and services needed to remain safely in the community (e.g., small appliances, grab bars, ramp, and lift chair)

Source: VDC Program Procedures, VHA Office of Geriatrics and Extended Care, Revised November 2018

²⁶ [Office of Community Care VDC Field Guidebook, 2023](#)

provider, FMS, and VAMCs can monitor spending to ensure Veterans do not exceed their authorized budget.

The PCC updates the spending plan throughout the year to reflect changes in need or circumstance. Veterans may initiate changes or changes may occur under the guidance of a PCC and communicated to VA staff through the VDC provider.

Each month, the VAMC VDC Program Coordinator receives a detailed report (see [Monthly Service Report](#)) of the Veteran's spending for the previous month that explains the hours of care the Veteran received and the wage rate, purchases of goods and services, and administrative fees.²⁷ Only items included in the approved VDC spending plan will be approved for payment.

Additional Information to Consider about the Monthly Spending Plan

The PCC submits the spending plan to the VAMC VDC Program Coordinator on a form approved during the VDC provider's Readiness Review process and addresses:

- The service(s), support(s) or good(s) that will help the Veteran live in the community;
- How and why this service, support, or good will help the Veteran;
- Who will help provide the service, support or good;
- Start date/end date of the plan;
- Frequency, hours, and amount; and
- Cost of services, supports, or goods.

An individualized plan is developed based on a person-centered assessment process which describes how the Veteran will use the budget each month. The PCC, collaborating with the Veteran or their authorized representative, develops the spending plan before transmitting the plan to the VAMC for approval. The spending plan may include personal care, goods and services, and agency administrative fees.

The spending plan includes an individualized emergency back-up plan that assures services are delivered if, for example, a worker is unable to keep their schedule or has planned time off. The emergency back-up plan is reviewed at least quarterly to confirm the availability/non-availability of the persons listed. The emergency back-up plan may include hiring agency services to cover while the regular worker is unavailable.

The PCC:

- Ensures the spending plan balances with the budget and meets the Veteran's service needs.
- Should submit the spending plan to the VAMC within five days of completion.
- Discusses with the VAMC which supporting documents, if any, are to be submitted with the spending plan.

²⁷ Ibid

The VAMC is required to approve the spending plan prior to the Veteran using their VDC monthly budget and reflect any spending the Veteran incurs while enrolled in VDC.²⁸

VAMC Monthly Spending Plan Approval

The VAMC VDC Program Coordinator reviews the spending plan and supporting documents, if applicable, to assure no duplication of services and that all items relate to a need on the assessment summary. The VAMC VDC Program Coordinator either approves the spending plan or indicates proposed changes and returns it to the VDC provider to review with the Veteran. The Veteran, PCC, and VAMC VDC Program Coordinator will continue discussion until an agreement is reached. The PCC will support the Veteran with making any required changes to update and finalize the VDC spending plan.

Once approved, copies of the authorized plan are distributed to the Veteran, VDC provider, PCC, and FMS. The VDC provider will retain a copy of the approved spending plan in its files.

The VAMC reviews and approves any significant changes to the spending plan, particularly if the Veteran needs to purchase a good or service.

Monthly Service Report

VDC providers keep a monthly record of their Veterans' monthly expenses and share it with their VAMC partners. At a minimum, this includes the following:²⁹

- Average Veteran monthly budget;
- Monthly administrative fees;
- Amount spent on goods and services in the month;
- Amount spent on emergency back-up care and planned purchases; and
- Amount of total Veteran budget for authorizations spent and remaining to date.

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.³⁰

²⁸ [Office of Community Care VDC Field Guidebook, 2023](#)

²⁹ [VDC Billing and Invoicing Guide, 2023](#)

³⁰ [Office of Community Care VDC Field Guidebook, 2023](#)

Section IV: Initiating Services and Hiring Workers

This section describes the process and person(s) responsible for initiating services and hiring workers, including any forms completed and requirements or restrictions on the employees the Veteran or their authorized representative may hire, and the purchase of any non-employee goods or services.

Initiating Services

Prior to using their flexible VDC budget, the VAMC VDC Program Coordinator approves the VDC spending plan. The Veteran is responsible for coordinating and organizing the services, supports, and goods needed, and for training and managing the people who will provide services and supports.

Hiring Workers

The average VDC worker hourly rate ranges from \$15.00 – \$21.00/hour (excluding employer tax costs) but may be exceeded if necessary to meet the Veterans' personal care services needs. Veterans as employers have the right to determine and establish hourly rates within the funds available in their spending plan.

The Veteran is responsible for recruiting and interviewing staff, with support from the PCC as desired by the Veteran. The Veteran hires employees who are legally allowed to work in the United States and may not be the Veteran's authorized representative.

The VDC provider specifies any additional hiring requirements, as dictated by state policy.

The VDC provider specifies the requirements and procedure for conducting background checks with Veterans' workers in accordance with state policies, which include:³¹

- 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.

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:

1. Out of the Veteran's budget (preferred way)
 - a. The VDC provider must discuss the cost of the background check with the Veteran and include it in the Veteran's spending plan.

³¹ [February 2022 VDC Educational Webinar](#)

2. By the VDC provider

- a. The VDC provider absorbs the cost of the background check.
- b. The VDC provider pays for the background checks through the monthly VF/EA FMS fee.

A worker cannot be hired if one of the following disqualifying events are identified during a background check:

- Abuse;
- Neglect; and
- 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.

Results from the background checks are reported to the VDC Program Coordinator and the Veteran is told if their worker has passed or not. If the worker does not pass, the VDC Program Coordinator will be informed and a discussion occurs with the Veteran and authorized representative, if applicable.

If the results show other events that are not disqualifying but present a concern for Veteran health and safety, the

PCC 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 PCC. 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.

The VDC provider specifies the process and documents that are completed to establish the Veteran as employer and their workers as employees.

The FMS develops policies for payroll and timesheets to include:

- Frequency of payroll;
- Process for completing and submitting timesheets;
- Process for paying workers (e.g., check by mail, direct deposit); and
- Payment for over-time, if needed, in accordance with federal and state law.

The VDC provider must stress the importance of the accuracy and timely submission of time sheets. Workers who are paid for hours not worked is fraud and potentially criminally prosecuted.

Home Care Agency Services

As a general rule,³² 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

³² VDC Reference Sheet: Use of Home Care Agencies in VDC for Community Care (CC) and Geriatrics and Extended Care (GEC) Staff, February 2017 [Current as of October 7, 2016]

who prefer to use home care agencies should use VA's Homemaker and Home Health Aide (H/HHA) Program which is available at all VAMCs.

There are limited exceptions when VAMCs may allow a Veteran in VDC to use agency services:

- The Veteran's overall need for personal care services is best met through a self-directed model of home care;
- The PCC has aided the Veteran in identifying potential workers either through existing worker registries or by helping the Veteran identify potential workers and all attempts have been unsuccessful; and
- The Veteran's use of agency services is a limited amount of the Veteran's overall monthly spending while most personal care services are provided by direct employees of the Veteran, or the Veteran's needs or geographic location require the use of a private home care agency. The VDC provider will consult with VA Central Office's (VACO) Geriatrics and Extended Care (GEC) prior to authorizing the use of traditional agency care due to the Veteran's needs or geographic location in VDC.

PCCs ensure that the Veteran's spending plan outlines how they plan to use agency services while they work towards employing their own workers.

VAMCs permit such exceptions only in the rare circumstances described above.

Section V: Ongoing Monitoring

This section describes the VDC provider's policies for monitoring services and Veteran well-being, including the Veteran's spending, and the process for dis-enrolling from the program.

Ongoing Monitoring

Each VDC provider is required to have oversight procedures that support the Veteran to ensure services are delivered on time and in a safe manner. At a minimum, the PCC is expected to conduct reassessments and work with the Veteran to develop service plans annually (semi-annually in the first year) and conduct face-to-face 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 biannual basis. Periodically, the VDC provider and the VAMC may meet together with Veterans and their families or primary caregiver to assure services are provided and the Veterans' needs are met.³³

The PCC monitors the Veteran's health, safety, and the outcomes of services provided in the service plan.

The PCC documents interactions with the Veteran/authorized representative, including:

- Date of contact;
- What was discussed; and
- Plans for follow up, if necessary.

The VDC provider ensures that documentation is available for review to verify proper monitoring has occurred.

The VDC provider specifies the process for serious occurrence reporting, including instances of abuse, neglect, or exploitation. The process includes:

- Timeframes for reporting to Adult Protective Services (APS), law enforcement, or other local authorities, as appropriate;
- Timeframes for reporting serious occurrences to the VDC provider and the VAMC; and
- How serious occurrences are documented and responded to.

PCCs schedule monthly interactions with Veterans/caregivers and/or authorized representative, if possible. During monthly and quarterly monitoring consults, the PCC observes and discusses the following with the Veteran and/or authorized representative:

- Health status changes in the Veteran;
- Potential caregiver burnout;

³³ [Office of Community Care VDC Field Guidebook, 2023](#)

- Signs of neglect or abuse of the Veteran by the caregiver or hired workers;
- Discussions for if the Veteran's spending plan is meeting their needs, and any changes the Veteran desires; and
- Identification of other services and supports outside of VDC that may help the Veteran live independently.

Managing Spending

It is the responsibility of the Veteran, with support of the VDC provider, to develop 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. VAMCs are not required to reimburse for any VDC spending that exceeds the Veteran's authorized budget.³⁴

- The PCC and FMS assist the Veteran in monitoring spending and following their budget.
- The PCC and Veteran receive monthly services reports and review monthly during phone calls and face-to-face visits.
- The VDC provider specifies their process for responding to Veteran over- or under-spending, including any actions that may be taken for consistent spending that is not approved in the Veteran's spending plan.

Veteran spending in each month may exceed the average monthly case-mix rate. This is permissible if all spending is documented in the approved spending plan and does not exceed the Veteran's total authorized budget. This guidance eliminates the need to account for "planned savings" that was previously used in VDC.

Disenrollment

Veterans may voluntarily dis-enroll at any time by notifying their VDC provider or VDC Program Coordinator. Veterans who demonstrate the inability to self-direct services due to misuse of funds, consistent non-adherence to program rules (including refusal to cooperate with the assessment or inability or refusal to complete required employer/employee paperwork) or present an ongoing health and safety risk to themselves or others, must select an authorized representative to assist them with the responsibilities of self-direction. Veterans who refuse to select an authorized representative, cannot locate a representative who is able and willing to manage the services, or if they lose an authorized representative (if already required for program participation) and cannot locate a suitable replacement, will be required to dis-enroll from the program. The VDC provider and VAMC VDC Program Coordinator will then help the Veteran locate suitable alternative services.³⁵

³⁴ [VDC Billing and Invoicing Guide, 2023](#)

³⁵ [Office of Community Care VDC Field Guidebook, 2023](#)

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:

- 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.

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.

Section VI: Billing and Invoicing

This section describes the primary VA requirements for complying with the VDC program billing and invoicing procedures.

Billing and Invoicing

The following sections outline the key topics of billing and invoicing. For full details, please reference the [VDC Billing and Invoicing Guide](#).

Monthly Responsibilities³⁶

The following activities are completed by the VDC provider on a monthly basis:

- Submit monthly invoices to the VAMC for purchases made as part of the Veteran's spending plan; and the administrative fee.
- Keep a monthly record of the Veteran's VDC monthly budget and expenses. At a minimum, this includes:
 - Veteran's monthly case-mix rate;
 - Monthly administrative rate;
 - A breakout of goods and services purchased in the month by employee, good, and service; and
 - The total amount of invoices (which includes Veteran spending as well as the monthly administrative fee).

Monthly Services Report

Each month, the VAMC VDC Program Coordinator receives a Monthly Services Report of the Veteran's spending for the previous month, which details the hours of care the Veteran received and the wage rate, all purchases of goods and services the Veteran may have made, and all administrative fees. VDC providers may use the [Monthly Services Report template](#) to track Veteran VDC spending by documenting actual spending. 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 VAMC VDC 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 for that month.³⁷

The VDC provider alerts the VAMC VDC Program Coordinator if any invoices require correction and resubmission for a particular month and for which Veteran.

³⁶ [VDC Billing and Invoicing Guide, 2023](#)

³⁷ [Office of Community Care VDC Field Guidebook, 2023](#)

VDC Invoices

VAMCs and VDC providers establish local procedures for submission of monthly invoices including at a minimum:

- When they will be submitted;
- How they will be submitted;
- Who will receive invoices and documentation; and
- How to submit corrected invoices.

Guidance for the submission of VDC invoices can be found in the [VDC Billing and Invoicing Guide](#).

Emergency Back-up Care and Planned Purchases³⁸

VDC providers only bill for actual services purchased by the Veteran and for the monthly administrative fee. Veteran monthly spending may exceed the average monthly case-mix rate for reasons including routine care, planned purchases, and emergency back-up care. This is permissible if all spending is documented in the approved spending plan.

Additional Processes to Consider for Billing and Invoicing

VAMCs and VDC providers will discuss and develop policies and procedures for the following:

- Communication and processes for when an enrolled Veteran is admitted to an inpatient setting including nursing facility and/or hospital; and
- Procedures for corrected bills.

The VDC provider specifies how they will conduct the required billing and invoicing functions of the VDC program, including:

- Processes for collecting and submitting required data;
- Forms or tools to be used;
- Person(s) responsible for conducting billing and invoicing functions;
- Timeframes for completion of billing and invoicing tasks; and
- Monitoring of accounts receivables.

As a best practice, VDC providers submit VDC invoices within 30 days following the end of the month, and preferably sooner if possible.

³⁸ [VDC Billing and Invoicing Guide, 2023](#)

Section VII: Quality

This section specifies how the VDC provider monitors and improves service quality, including procedures for reviewing files, conducting satisfaction surveys, responding to complaints and grievances, and interacting with subcontractors.

File Review

The VDC provider audits files quarterly for program compliance and quality. The VDC provider reviews all files at least once annually and retains a form documenting the audit.

A supervisor or designee not responsible for providing person-centered counseling services to Veterans whose files are under review completes the file audit.

The VDC provider should maintain records for seven years.

The VDC provider describes its procedure for conducting file audits, including:

- Selection process for files;
- Person responsible for the audit;
- Items to be reviewed during audit; and
- Follow up procedures.

Satisfaction Survey

The VDC provider surveys Veterans, at a minimum, after enrollment in the program, at six months, and annually thereafter. Veterans dis-enrolling from the program also receive a survey during the discharge process.

The survey addresses:

- The Veteran's experience in VDC;
- Care, support, and information received; and
- The VDC team, including the PCC.

The VDC provider:

- Conducts the survey by phone or in-person and the person who administers the survey must have no connection to the Veteran's services.
- Compiles, analyzes, and acts upon the results.
- Develops a new satisfaction survey tool or adopts an existing tool for use in the VDC program and specifies the tool they intend to use.
- Develops procedures for administering the satisfaction survey, including:
 - Person responsible for survey administration;
 - Person responsible for compiling and analyzing results, if different;

- Process by which surveys will be conducted (e.g., phone, face-to-face); and
- How the compiled survey data will be used by the VDC provider.

Complaints

The VDC provider shares a copy of the Veteran's complaint or grievance procedure with the Veteran and/or authorized representative.

All Veteran complaints or grievances are documented and maintained by the VDC provider.

The VDC provider develops a new or adopts an existing complaint or grievance procedure for the VDC program.

Monitoring Quality of Service Delivery and Subcontractors

If applicable, the VDC provider specifies the process for monitoring their FMS provider for quality, as defined in the FMS Readiness Review.

If applicable, VDC providers serving as providers with subcontractor relationships for person-centered counseling (i.e., Hubs) specify:

- How they will monitor the services provided by their subcontractors (i.e., Spokes), including file review;
- Documents to be submitted to the Hub and timeframes for submitting them;
- The mechanism for entering into a formal agreement with the Spoke (e.g., contract, Memorandum of Understanding (MOU)); and
- Communication processes and methods between the Hub, Spoke, and VAMC.

Appendix A: Veteran Directed Care Operations Manual Template Reference Guide

The Veteran Directed Care (VDC) Operations Manual Template, referred to as the “Manual,” is the framework that outlines seven key operational areas that VDC providers incorporate into their policies and procedures for the VDC program. The following guide serves as a reference for the components included in the U.S Department of Veterans Affairs (VA) requirements and national program policies and procedures delineated in the Manual.

Section I: VDC Program Background, Guidelines for Participation, Contracts, Preparing to Deliver VDC, and Roles and Responsibilities

- [Veteran Directed Care Program Background](#)
- [Veteran Eligibility](#)
- [Preparing to Deliver Veteran Directed Care: Steps to Consider](#)
- [VAMC, VDC Providers, and Participant Roles and Responsibilities](#)

Section II: Referral and Intake

- [Referral Process: Use of HSRM](#)
- [Intake Process](#)

Section III: Assessment and Spending Plan Development

- [Assessment Process](#)
- [Goods and Services](#)
- [Monthly Service Report](#)
- [VAMC Approval](#)

Section IV: Initiating Services and Hiring Workers

- [Initiating Services](#)
- [Hiring Workers](#)
- [Homecare Agency Services](#)
- [Non-employee Goods and Services](#)

Section V: Ongoing Monitoring

- [Ongoing Monitoring](#)
- [Managing Spending](#)
- [Disenrollment](#)

Section VI: Billing and Invoicing

- [Monthly Responsibilities](#)
- [Monthly Service Report](#)
- [VDC Invoices](#)
- [Emergency Back-up Care and Planned Purchases](#)

Section VII: Quality

- [File Review](#)
- [Satisfaction Survey](#)
- [Complaints](#)
- [Monitoring Quality of Service Delivery and Subcontractors](#)