



VD-HCBS Educational Webinar

January 17, 2018

Agenda

- ACL and VHA Opening Remarks
- 2017 VD-HCBS Successes and Highlights
- 2018 VD-HCBS Outlook
- VD-HCBS Utilization Study: Findings & Results
- Questions and Closing

ACL Federal Update

Mary Lazare, Principal Deputy, Administration for Community Living



VHA Outlook: 2018

Dan Schoeps, Director, VA Purchased Long Term Care

VD-HCBS Highlights: 2017

VD-HCBS Special Event: Mechanicsville, VA

- On November 30, 2017, Acting HHS Secretary Eric Hargan and VA Chief Veterans Experience Officer Dr. Lynda Davis presented at a VD-HCBS event in Virginia.
- The event recognized the successful VD-HCBS program at the Hunter Homes McGuire VA Medical Center (VAMC) and celebrated the launch of the VD-HCBS program at the Hampton VAMC.
- Bay Aging ADRC is the ADNA provider for both programs.



More information on the event, including local press coverage and a full event video can be found at: <https://www.acl.gov/node/1134>

VD-HCBS Highlights: 2017

AARP Promising Practice

- AARP’s Public Policy Institute released a No Wrong Door Promising Practice titled, “No Wrong Door: Supporting Community Living for Veterans.”
- The report highlights promising practices in VD-HCBS in five states (MI, WA, MN, CT, NH).
- The report also highlights other collaborative opportunities such as Cover-to-Cover and Ask the Question.

More information about the promising practice can be found at:

<http://blog.aarp.org/2017/11/08/promising-practices-to-support-community-living-for-veterans/>

AARP PUBLIC POLICY INSTITUTE

NOVEMBER 2017

Long-Term Services and Supports Scorecard Promising Practices

No Wrong Door: Supporting Community Living for Veterans

Christina Neill Bowen
Independent Contractor
Wendy Fox-Grage
AARP Public Policy Institute

Kali Thomas
James Rudolph
Providence VA Medical Center and
Brown University

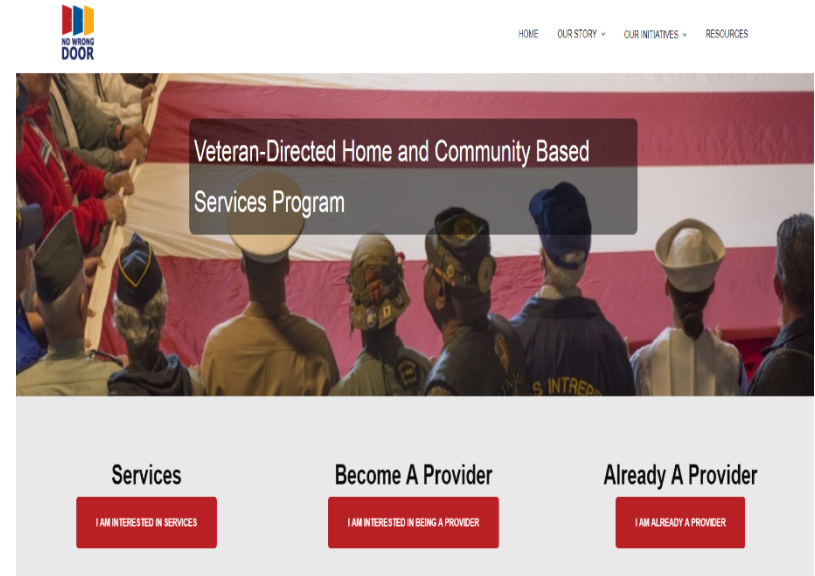


www.longtermscorecard.org

VD-HCBS Highlights: 2017

NEW ACL Website for VD-HCBS

- In early November, 2017, ACL launched a new No Wrong Door Website.
- VD-HCBS resources are available on the **NEW** VD-HCBS page on the ACL No Wrong Door Website: <https://nwd.acl.gov/VD-HCBS.html>.
- The VD-HCBS Ticker is still available at: www.adrc-tae.acl.gov.



My Organization Is Interested In Becoming A VD-HCBS Provider

The decision to offer the VD-HCBS program is made by VA Medical Centers (VAMC). If a VAMC is interested in offering the program, work directly with one of the following types of Aging and Disability Network Agencies (ADNAs) to deliver VD-HCBS:

- Aging and Disability Resource Centers
- Area Agencies on Aging
- Centers for Independent Living
- State Units on Aging

"I enrolled in the VA program because I was taking care of my husband 18 hours a day... for the first time in a long time I am free to leave my house... To not be stuck in the house 7 days a week is highly beneficial for the emotional outlook. I am not as depressed as I was. I don't sleep as much. I am out there enjoying life."
- Caregiver of a Veteran receiving VD-HCBS

ADNA's interested in delivering VD-HCBS can choose to become a provider or a subcontractor to another ADNA provider. If the decision is to become a provider, the ADNA will be required to pass a VA VD-HCBS Readiness Review. The Readiness Review process verifies that the ADNA has tools, processes and procedures to operate a self-directed care model and meet the requirements to become a VD-HCBS provider.

If your organization is interested in becoming a VD-HCBS provider, please contact veterandirected@acl.hhs.gov to begin the process

VAMCs that currently have operational VD-HCBS Programs

Find the VA Medical Center in Your Community

[Back to Top](#)

VD-HCBS Highlights: 2017

VD-HCBS Three-Year Evaluation

- VA's Evidence-Based Policy Resource Center (PEPReC) along with the Durham and Providence VAMCs kicked off a three year evaluation of VD-HCBS in 2017.
- The VD-HCBS evaluation will assess outcomes on healthcare utilization, implementation of VD-HCBS for new sites and experiences of Veterans and caregivers.
- More information including initial findings and results will be shared as they become available.

PEPReC

*Partnered Evidence-based Policy
Resource Center*

<https://www.peprec.research.va.gov/>

VD-HCBS Utilization Study: Findings & Results

Questions to Run On

- What's the value of VD-HCBS for your program?
- How is VD-HCBS integral to the spectrum of services offered to Veterans?
- What activities can support maximizing the value of VD-HCBS?



VD-HCBS Utilization/Demographic Report

- VHA conducted an analysis to compare and contrast Veteran demographics and shifts in utilization after receiving VD-HCBS or H/HHA.
- Seven VAMCs supported this effort and provided information on Veterans enrolled in VD-HCBS during FY2015.
- Demographics include age, priority group, rurality and diagnoses.
- Shifts in utilization were measured by comparing utilization one year prior to and one year after program enrollment.

Comparison of VD-HCBS and H/HHA

- Why compare Veterans enrolled in VD-HCBS and H/HHA?
 - ▶ Similarities for the two programs:
 - ❑ Type of services that Veterans receive
 - ❑ Overall goal of the program
 - ▶ Differences for the two programs:
 - ❑ Veterans in VD-HCBS are likely to receive more services on average
 - ❑ Veterans in VD-HCBS have more flexibility, choice and control over the services they receive
- Chat: How do Veterans in VD-HCBS and H/HHA differ at your VISN/VAMC?

Sampling Size

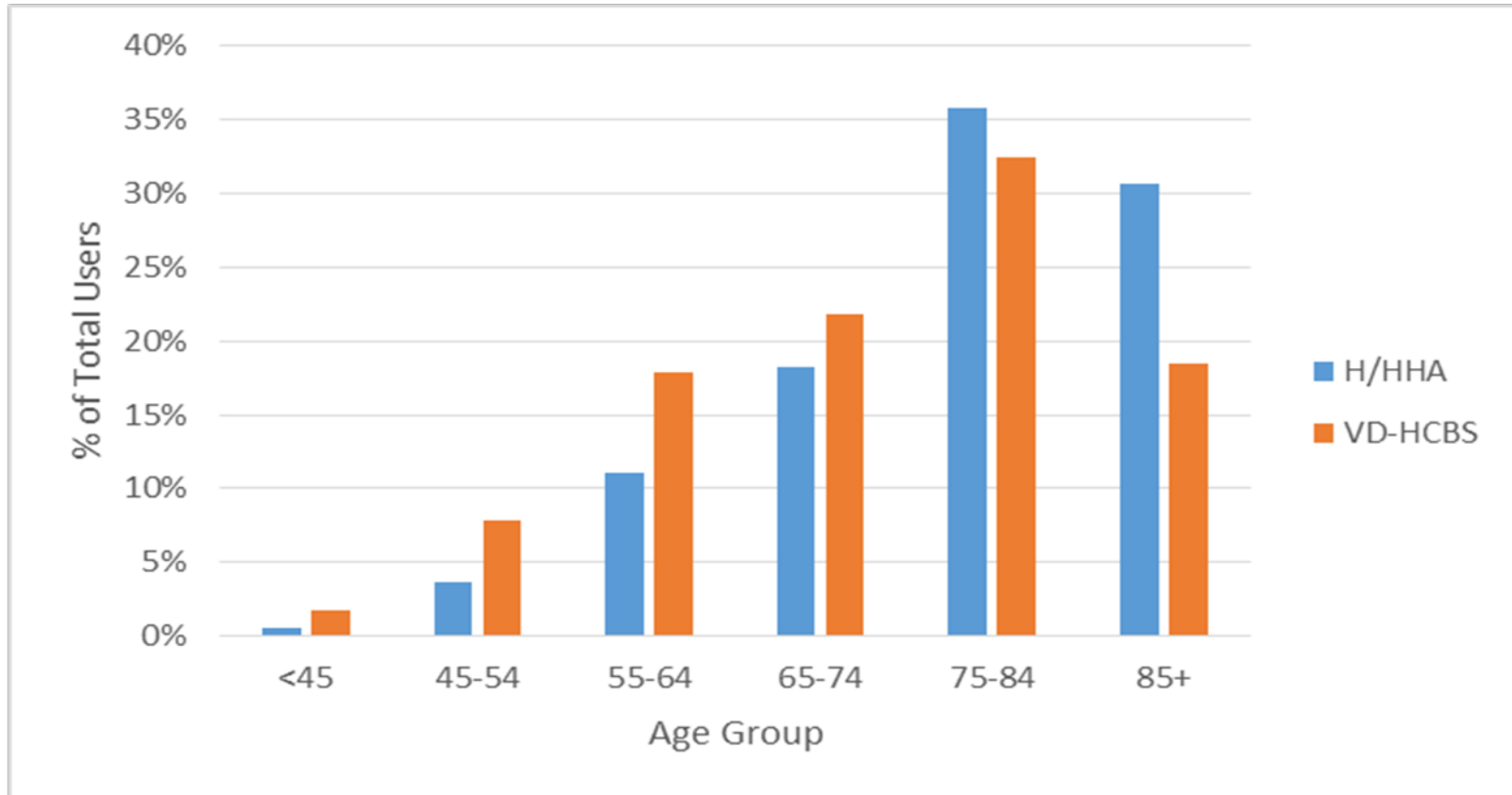
- VAMCs were selected if they made their first VD-HCBS referral prior to FY2013 and served at least 25 Veterans during FY2015.
- Veterans were included in the analysis if they enrolled and started to receive VD-HCBS or H/HHA in FY2015.
- Below is a summary of the number of Veterans included in the analysis:

Number of Veterans Enrolled in VD-HCBS or H/HHA in Fiscal Year 2015 by VAMC

VAMC	VD-HCBS	H/HHA
(405) White River Junction, VT	67	101
(516) Bay Pines, FL	26	417
(523) VA Boston HCS, MA	24	67
(538) Chillicothe, OH	13	25
(652) Richmond, VA	9	104
(689) VA Connecticut HCS, CT	11	68
(695) Milwaukee, WI	29	77
Grand Total	179	859

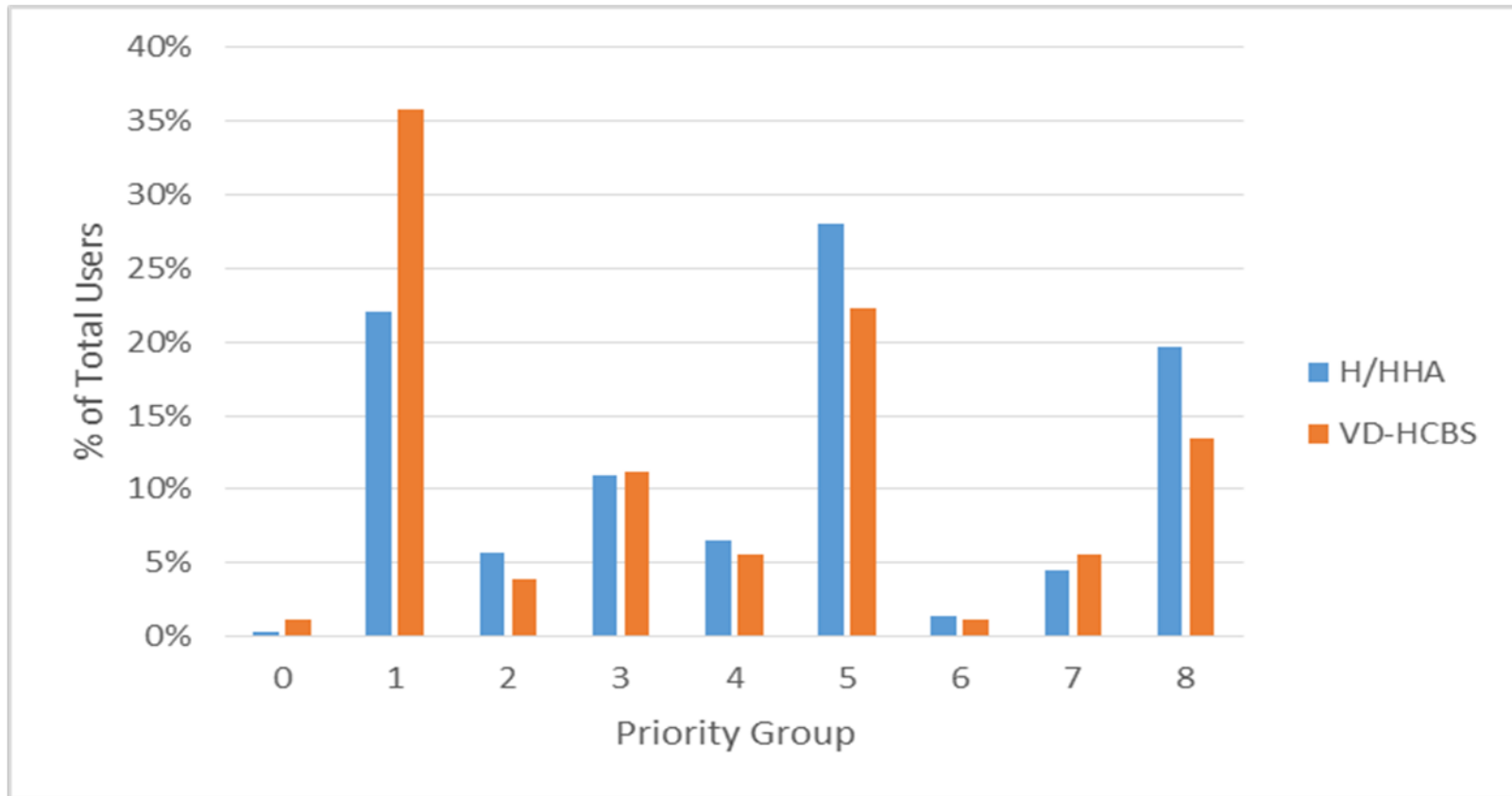
Findings: Demographics

Veterans by Age Group



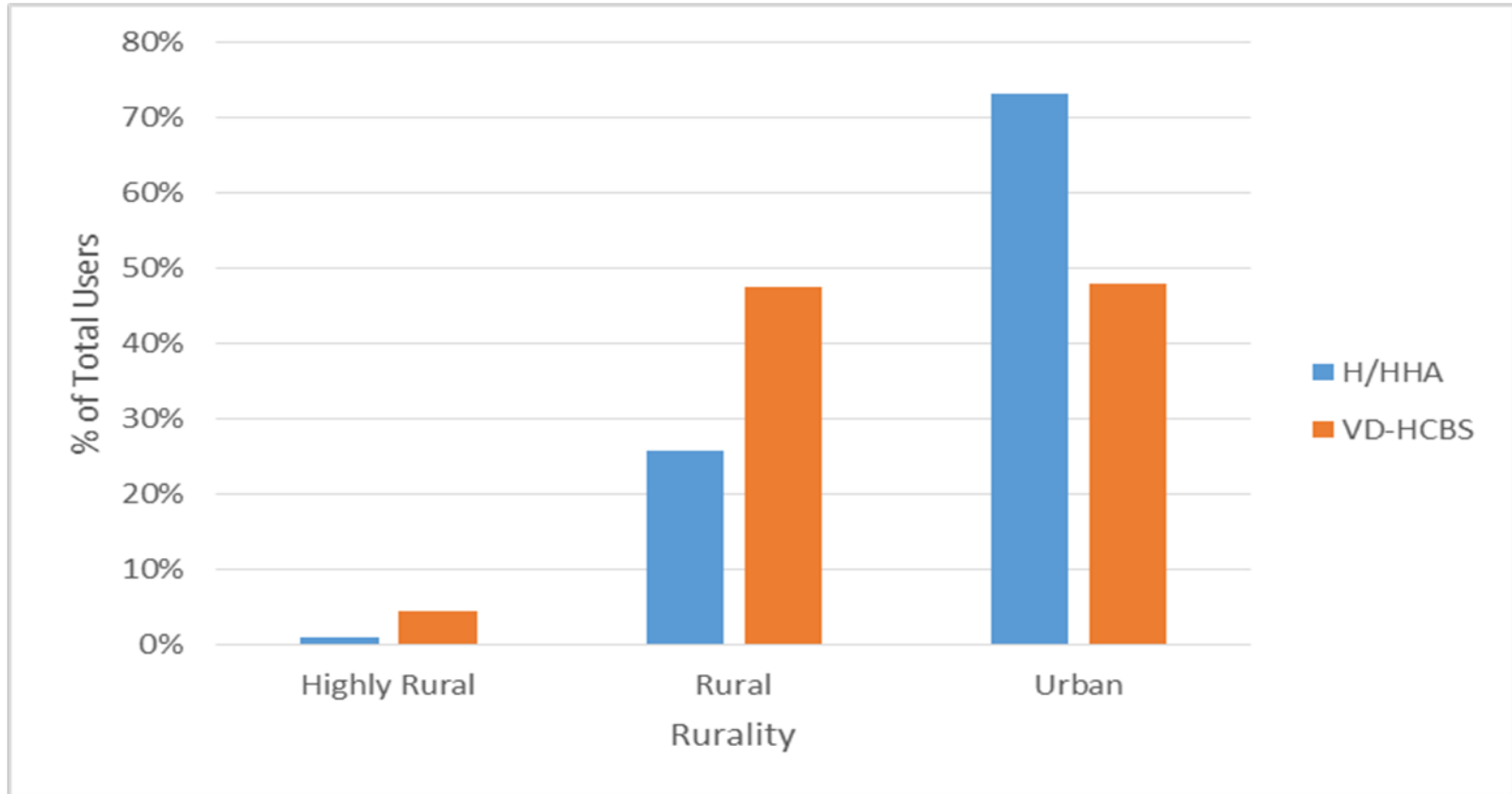
Findings: Demographics

Veterans by Priority Group



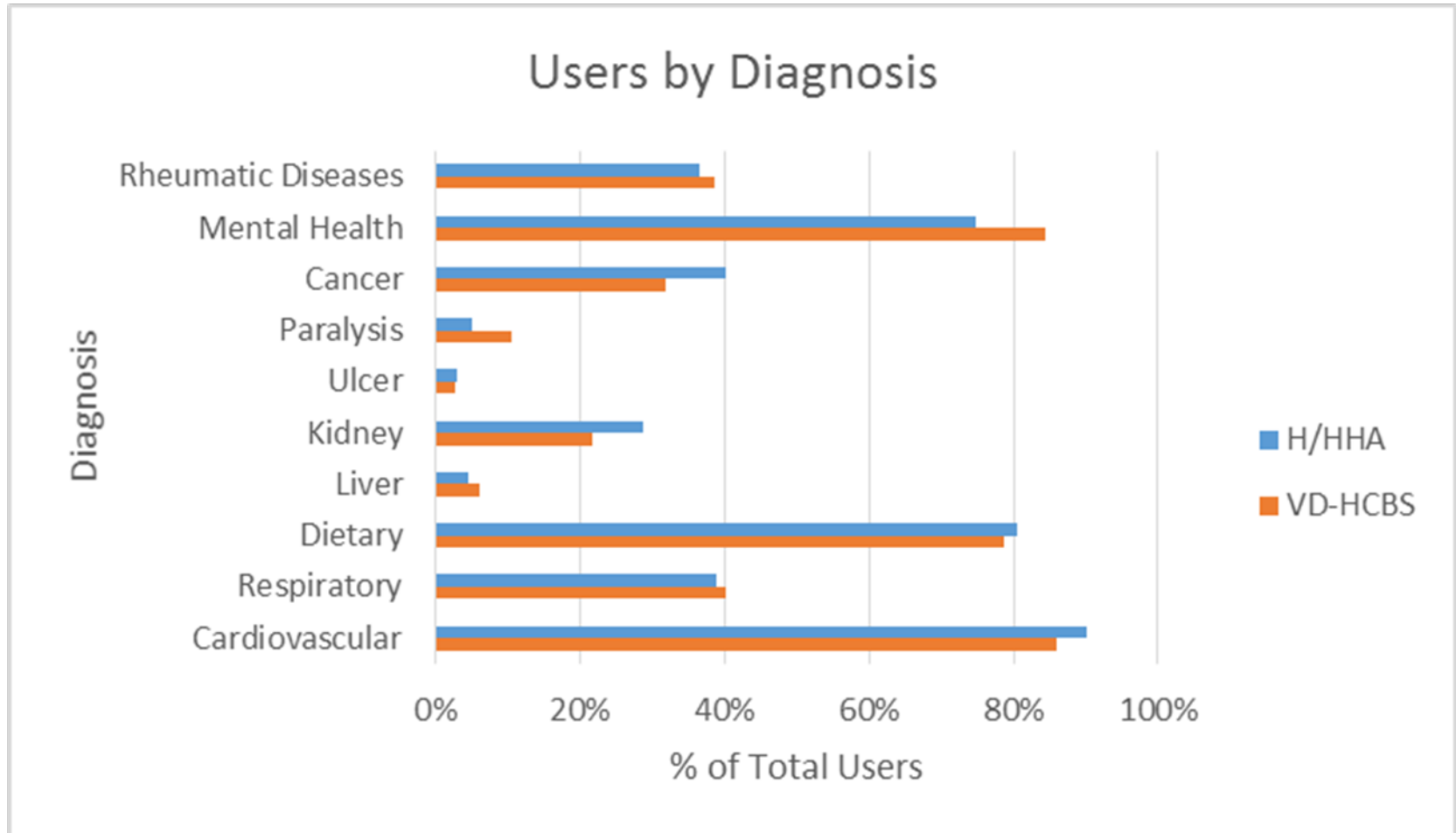
Findings: Demographics

Veterans by Rurality



Findings: Diagnostic Categories

Veterans by Diagnostic Category

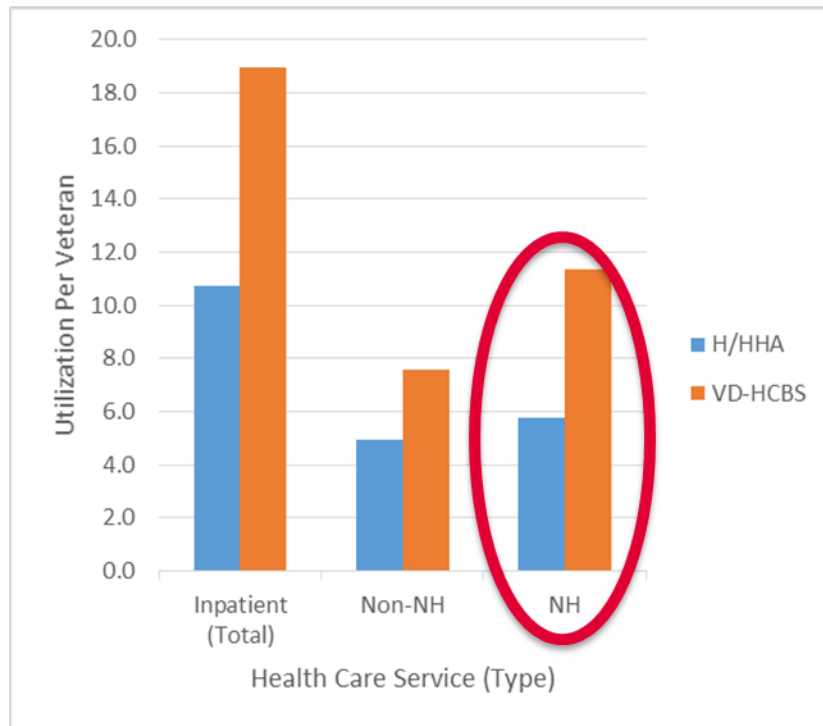


Findings: Utilization

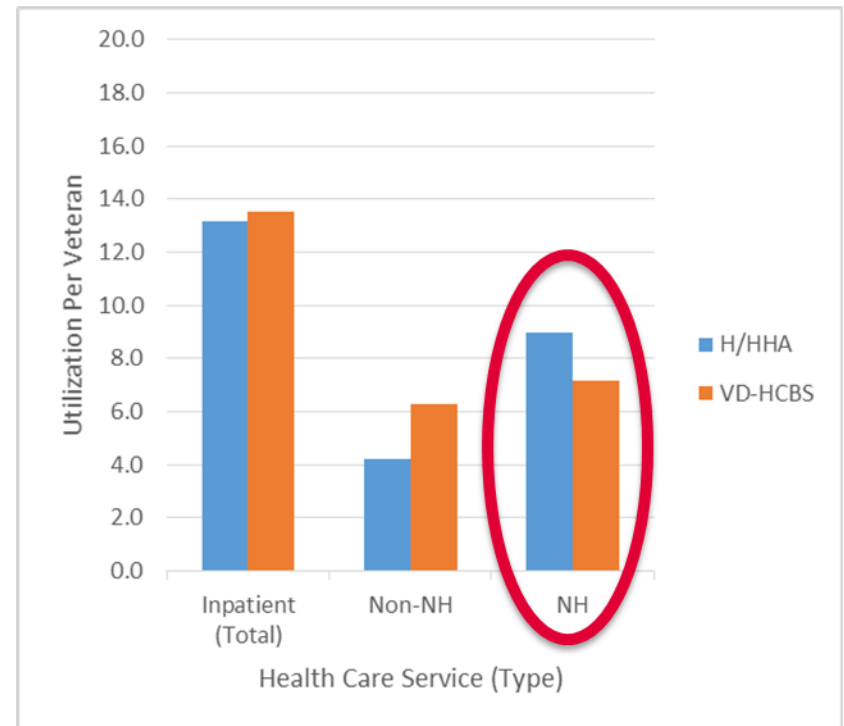
Findings: Utilization

Inpatient Health Care Utilization Per Veteran by VD-HCBS or H/HHA Enrollment

Before



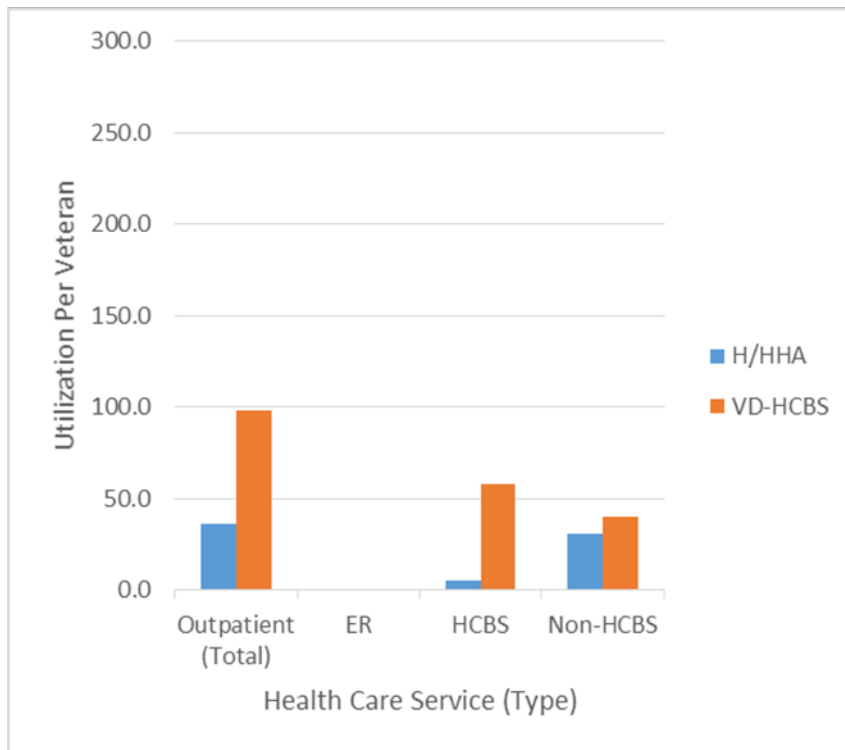
After



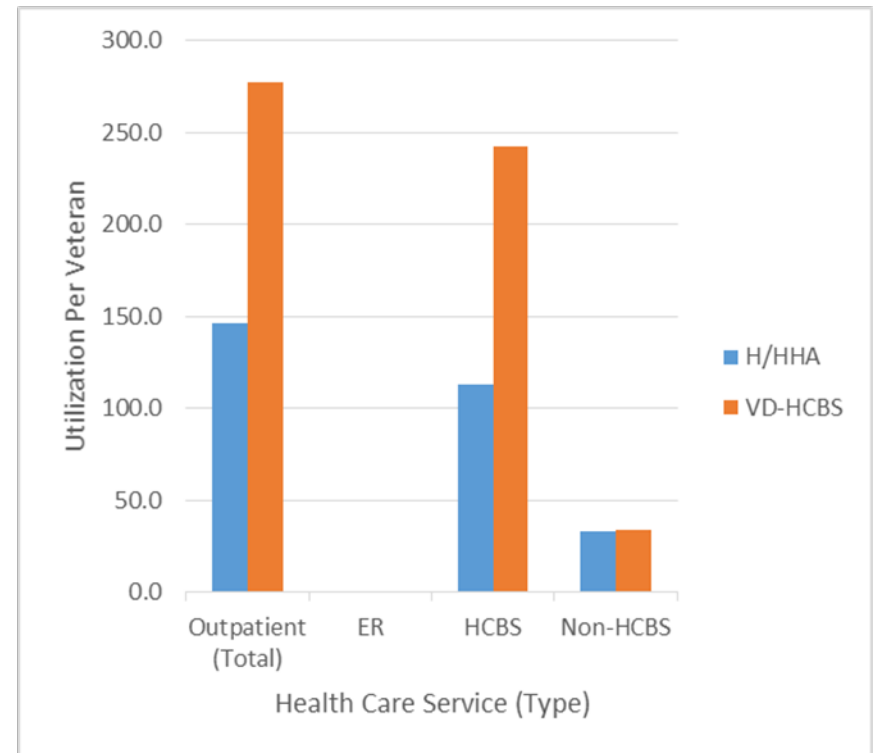
Findings: Utilization

Outpatient Health Care Utilization Per Veteran by VD-HCBS or H/HHA Enrollment

Before



After



Findings: Utilization

- The chart below summarizes before and after changes for Veterans enrolled in H/HHA or VD-HCBS.
 - Veterans in H/HHA experienced an increased NH utilization and Veterans in VD-HCBS experienced a decreased NH utilization
- Chat: Do these findings align with what you believe to be the experience of Veterans enrolled in your VD-HCBS program?
- Chat: What would help you increase enrollment in VD-HCBS?

Health Care Utilization Before/After Enrollment (Average Utilization per Veteran)

VISITS OR DAYS	H/HHA			VD-HCBS		
	BEFORE	AFTER	% DIFF	BEFORE	AFTER	% DIFF
INPATIENT	9,216 (10.7)	11,325 (13.2)	23%	3,392 (18.9)	2,423 (13.5)	-29%
<i>NON-NH</i>	4,240 (4.9)	3,628 (4.2)	-14%	1,358 (7.6)	1,139 (6.4)	-16%
<i>NH</i>	4,976 (5.8)	7,697 (9.0)	55%	2,034 (11.4)	1,284 (7.2)	-37%
OUTPATIENT	31,221 (36.3)	125,818 (146.5)	303%	17,550 (98.0)	49,638 (277.3)	183%
<i>ER</i>	585 (0.7)	562 (0.7)	-4%	114 (0.6)	102 (0.6)	-11%
<i>HCBS</i>	4,269 (5.0)	97,107 (113.0)	2175%	10,306 (57.6)	43,413 (242.5)	321%
<i>NON-HCBS</i>	26,367 (30.7)	28,149 (32.8)	7%	7,130 (39.8)	6,123 (34.2)	-14%

Summary

- When compared to Veterans enrolled in H/HHA, Veterans in VD-HCBS tend to be younger, have higher service-connected disabilities and live in more rural areas.
- Veterans receiving H/HHA and VD-HCBS saw a reduction in non-NH inpatient days of care after enrollment.
- Veterans receiving VD-HCBS experienced reductions in NH utilization after enrollment.
- Veterans receiving H/HHA experienced increases in NH utilization after enrollment.

Conclusions

- VD-HCBS is an effective tool at reducing avoidable inpatient, and particularly NH, days of care.
- VAMCs likely use VD-HCBS differently, and target these and other LTSS, to meet the needs of Veterans in a way that's sustainable for their VAMC.
- There are differences between Veterans receiving H/HHA and those receiving VD-HCBS that are important to consider.
- Future analyses could:
 - ▶ Expand the timeframe and VAMCs included in the analysis
 - ▶ Control for differences between the VD-HCBS and H/HHA populations

Questions & Closing

- Please complete a brief survey after the Webinar:
 - ▶ <https://www.surveymonkey.com/r/JanuaryVDHCBS>
- The next VD-HCBS Educational Webinar will be held on April 18, 2018.
- Please email the VD-HCBS Technical Assistance Team with any questions or to share your own successes!
 - ▶ veterandirected@acl.hhs.gov