

BACKGROUND

The Administration for Community Living (ACL) and Veterans Health Administration (VHA) established the Veteran-Directed Home & Community Based Services (VD-HCBS) Program in 2008 as a collaboration to help Veterans with disabilities of all ages and their families receive needed services in their own homes and communities.

The ACL & VHA partnership, through the VD-HCBS Program, has an ultimate goal of a nationwide home and community-based long term service and supports program that allows Veterans more access, choices and control over the care they receive in their homes and communities. This particular program combines the hands-on experience and skills of ACL's Aging & Disability Network with the commitment and resources of VHA to provide Veterans with additional opportunities to avoid nursing home placement and remain independent in the community.

The VD-HCBS Program empowers Veterans and their Caregivers by giving them the ability to have direct control over the goods and services they receive. Under the VD-HCBS Program, Veterans manage their own flexible spending budgets, decide for themselves what mix of goods and services can best meet their needs, hire and supervise their own workers, including family and friends, and purchase items or services that help them live independently. This model of service delivery is called "participant direction."

As of September 2015, 57 VA Medical Centers (VAMCs) have partnered with 31 States, the District of Columbia and Puerto Rico to develop operational VD-HCBS Programs. These partnerships have led to over 3,100 Veterans enrolling in the VD-HCBS

Program, including young and severely injured veterans of Operation Iraqi Freedom, Operation Enduring Freedom and Operation New Dawn.

ROLE OF AGING & DISABILITY NETWORK IN VD-HCBS

In 2014, 9.1 million Veterans were enrolled in the VA for health care according to VA's National Center for Veterans Analysis and Statistics. In addition to the growing aging population who served in World War II, Korea and Vietnam, the number of young and severely injured Veterans returning from the conflicts in Iraq and Afghanistan who need support at home continues to rise. The Aging & Disability Network's participation in VD-HCBS supports VHA's commitment to increase its services and resources in order to meet the Veteran demand for home and community based care.

The VD-HCBS Program offered through the Aging & Disability Network provides Veterans with a person-centered alternative to traditional home care services and programs. This consumer-directed approach empowers the Veteran to actively participate in making informed decisions about accessing health and long-term care options. Veterans in the VD-HCBS program are then able to select the services and goods that will best meet their long-term care needs in order to prevent an avoidable hospital admission or premature nursing home placement. A Veteran in the VD-HCBS Program is supported by: a VA program coordinator to oversee quality, satisfaction and service delivery; a person centered counselor from an Area Agency on Aging (AAA), Aging & Disability Resource Center (ADRC) or Center for Independent Living to assist in finding/training workers

and securing needed goods and services within the allocated budget; and, a financial management service to pay the bills, payroll taxes and ensure the integrity of the budget.

AGING & DISABILITY NETWORK

PARTICIPATION IN VD-HCBS

VA Medical Centers (VAMCs) refer eligible Veterans to the Aging & Disability Network to enroll in the VD-HCBS Program. VAMCs authorize a flexible spending budget based on the Veteran's assessed needs. The Aging & Disability Network works with the Veteran to arrange and secure the needed goods and services within the budget and is also responsible for ensuring that the Veteran's needs are met so that they can safely remain independent in the community. Before VAMCs can begin to refer eligible Veterans for enrollment in VD-HCBS, Aging & Disability Network Agencies must have in place the basic elements of a participant-directed program and meet a readiness assessment. The readiness assessment of the Aging & Disability Network is conducted by the National Resource Center for Participant Directed Services (NRCPS) on behalf of the VHA.

The specific readiness criteria will demonstrate the Agency's capacity to implement the program and begin facilitation of the services in a self-directed fashion so that enrolled Veterans:

- Receive a comprehensive assessment and care planning assistance
- Decide for themselves, or with a participant representative, what mix of goods and services will best meet their needs
- Manage a flexible, individual budget
- Hire and supervise their own workers, including family or friends

- Purchase items or services needed to live independently in the community
- Have financial management and support services which facilitate service delivery
- Utilize traditional service providers, if desired, to supplement participant-directed care

Once the Aging & Disability Network completes the readiness review and both the Aging & Disability Network and VAMC is ready to begin serving Veterans in the VD-HCBS Program, the VAMC enters into agreement with the Aging & Disability Network. The Veteran's individual authorization of service formally documents the service provider relationship. Some VAMCs and Aging & Disability network providers have in place memorandums of agreement/understanding to further formalize their relationship.

TARGETED VETERANS IN VD-HCBS

All Veterans enrolled in VA health care system are eligible to participate in the VD-HCBS program when the Veteran is "in need of nursing home care" and interested in self-directed care. The determination of whether a Veteran is "in need of nursing home care" is made by the VAMC based upon a pre-defined set of functional criteria and other social indicators.

In addition, the VD-HCBS Program is targeted to Veterans whose home care needs exceed the average number of hours generally available through the Homemaker/Home Health Aide (H/HHA) Program at a VAMC or have difficulty with the traditional agency-based home care system, and who also desire to self-direct their services and supports.