



VD-HCBS Educational Webinar

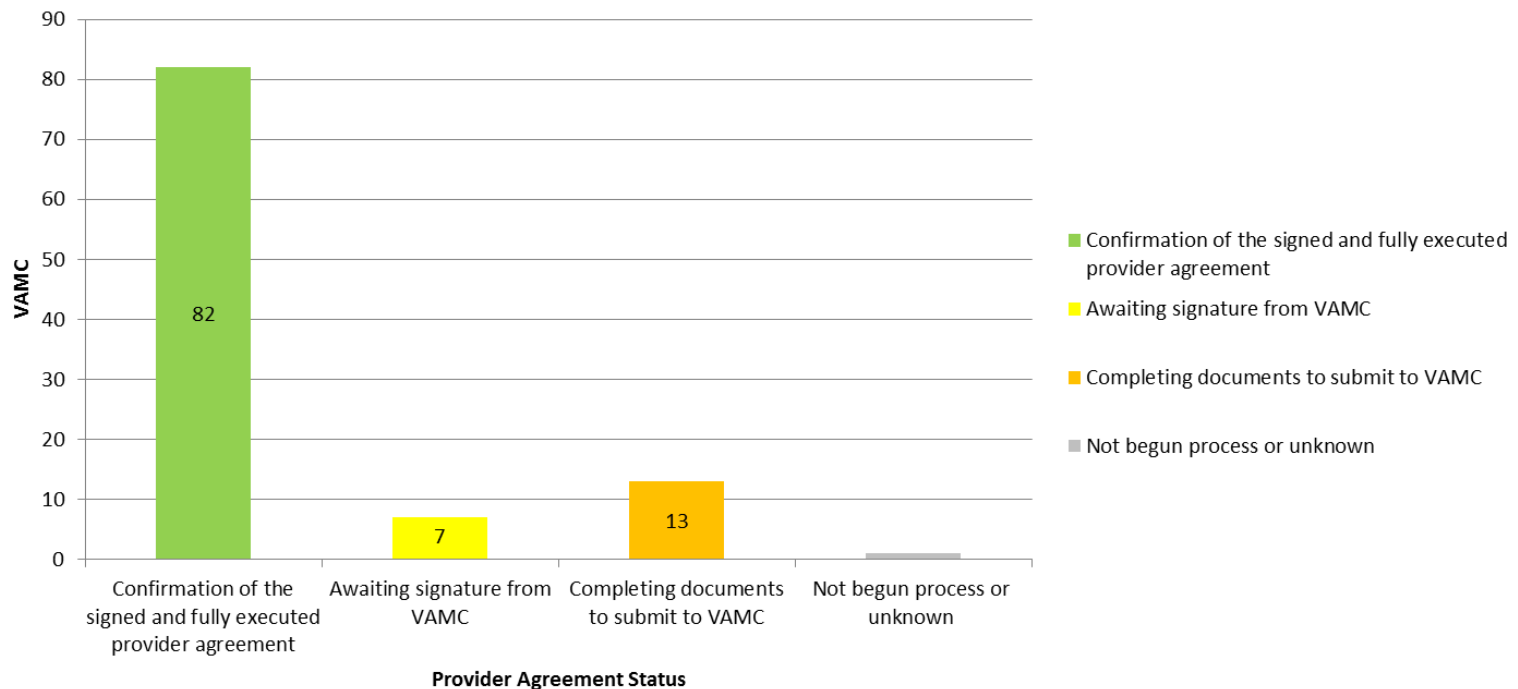
January 25, 2017

Agenda

- Update on Implementation of VA Choice Provider Agreements for VD-HCBS
- A 3-Year Evaluation of VD-HCBS: VA's Partnered Evidence-Based Policy Resource Center (PEPReC) and Research Partners at the Providence and Durham VAMCs
- Successful Veteran-Centric Communication Strategies: Highlights from the St. Louis VD-HCBS Program

VA Choice Provider Agreements

- 103 VD-HCBS Providers (AAAs, ADRCs, CILs, SUAs) are eligible to enter into VA Choice Provider Agreements for VD-HCBS
 - ▶ 136 AAAs, ADRCs, CILs, SUAs deliver VD-HCBS – many through a “Hub-and-Spoke” Model with one site holding the VA Choice Provider Agreement



VA Choice Provider Agreements

- Congratulations to the 33 VD-HCBS Providers who have confirmed signed and fully executed VA Choice Provider Agreements with a VAMC since November 10, 2016
- | | |
|--|---|
| <ul style="list-style-type: none"> ✓ ServiceLink Aging and Disability Resource Center of Belknap County ✓ Area Agency on Aging for Southwest Florida ✓ Minnesota River Area Agency on Aging, Inc. ✓ Southeastern Illinois Area Agency on Aging ✓ Senior Solutions Vermont ✓ Prince William Area Agency on Aging ✓ AgeSmart Community Services ✓ Generations Aging and Disability Resource Center (Link-Age) ✓ Philadelphia Corporation for Aging ✓ Mid-Florida Area Agency on Aging ✓ ServiceLink Aging and Disability Resource Center of Strafford County ✓ Central Vermont Council on Aging ✓ Champlain Valley Agency on Aging ✓ The Independence Center ✓ San Juan County Area Agency on Aging ✓ West Alabama Region Commission | <ul style="list-style-type: none"> ✓ Egyptian Area Agency on Aging ✓ Iona Senior Services ✓ Aging and Independence Services ✓ ServiceLink Aging and Disability Resource Center of Hillsborough County ✓ Region VII Area Agency on Aging ✓ Maryland Department on Aging ✓ Onondaga County Adult and Long Term Care Services ✓ Broome County Office for Aging ✓ Otsego County Office for Aging ✓ Northwest Colorado Area Agency on Aging ✓ Nevada Aging and Disability Service Division ✓ The Senior Alliance Area Agency on Aging 1—C ✓ Area Agency on Aging of Northwest Michigan ✓ Southwestern CT Area Agency on Aging ✓ North Central Area Agency on Agency ✓ Senior Resources Eastern CT Area Agency on Aging ✓ Area Agency on Aging of South Central CT |
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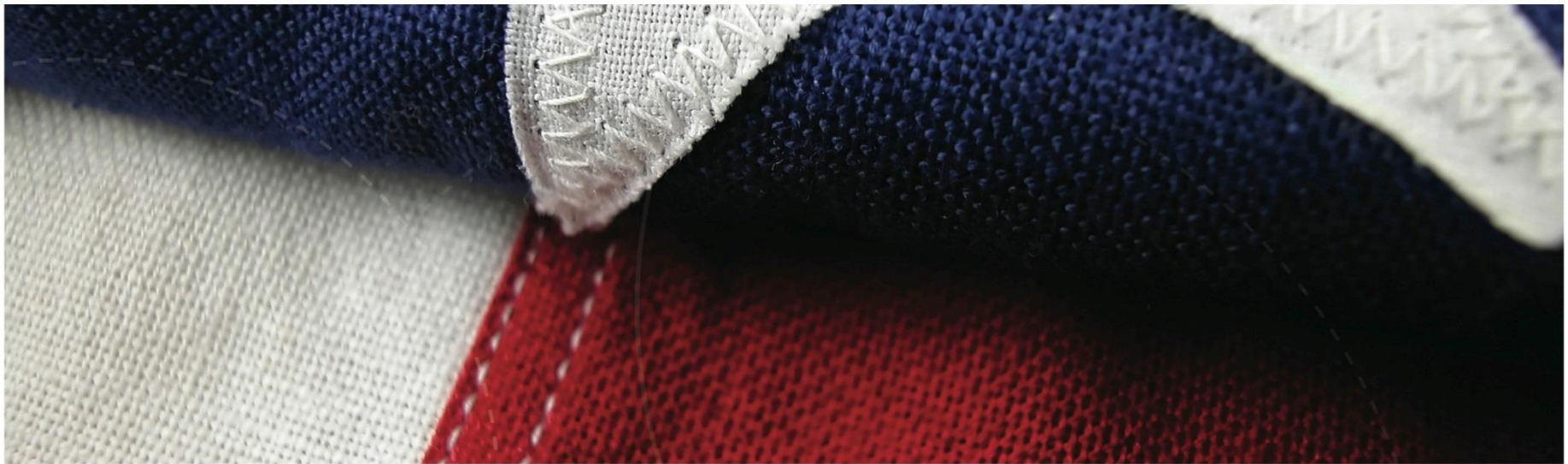


Evaluation of Veteran-Directed Home and Community-Based Services: Introduction Webinar

01/25/2017

Agenda

- Introduction
- Expansion of VD-HCBS
- ACL Perspective
- Overall Review of the Program Evaluation
- Veteran and Caregiver Impact Evaluation
- Program Implementation
- Questions/Discussion



Richard Allman, MD

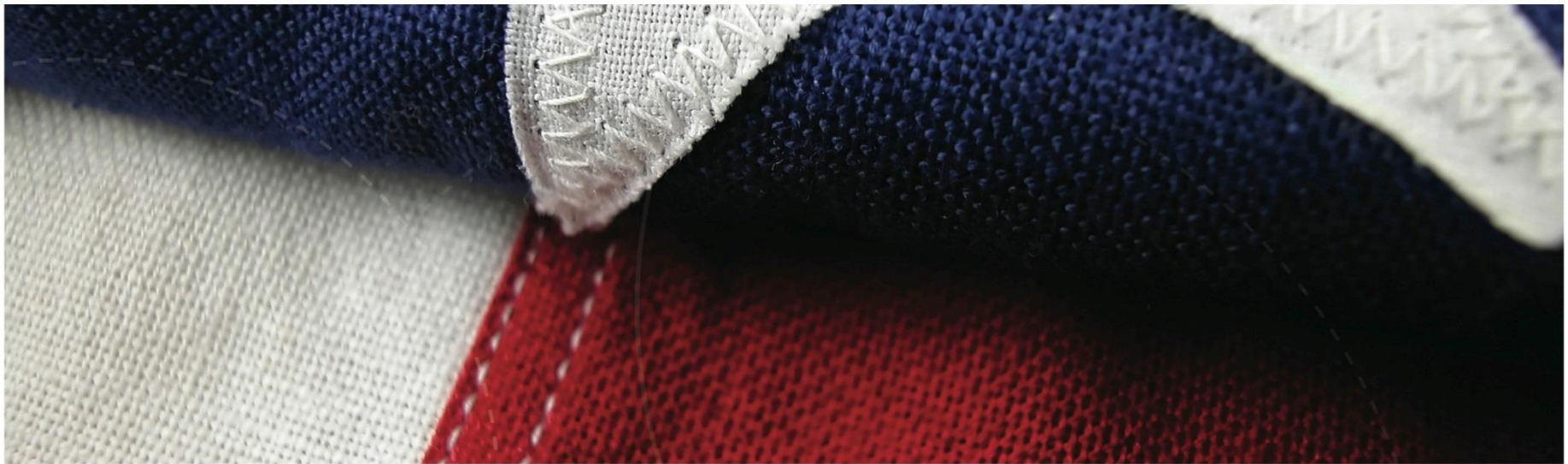
Chief Consultant, Geriatrics and Extended Care



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VD-HCBS Expansion

- Participant Directed Programs are an evidence-based intervention
 - Improve access to necessary services
 - Meet Veterans previously unmet need for services
 - Meet Veterans needs at lower costs than possible in other traditional approaches
 - Preserve Veteran independence
- Goal:
 - Meet the needs of Veterans
 - Expand VD-HCBS to all VAMCs over next three years
- Evaluation
 - Improve the effectiveness of the VD-HCBS program
 - Understand/improve implementation of VD-HCBS



Lori Gerhard

Director, Office of Consumer Access & Self Determination
Administration for Community Living



VD-HCBS Growth

- Growth in VD-HCBS is the result of those on this call
 - VD-HCBS was built using ideas of Veterans and the people that serve them
 - Navigated multiple complexities and barriers
- Critical partnership between ACL, Nationwide Aging & Disability Network Agencies (ADNAs), and VA
 - Common goal to meet the needs of Veterans and their families
 - VD-HCBS gives Veterans choice, independence, and community engagement
- Evaluation is important for VD-HCBS
 - Engage in rapid learning cycle
 - Capture experiences of Veterans and caregivers
 - Demonstrate the value and impact of VD-HCBS
 - Continue to build the case for sustainability and expansion



Overview of the Program Evaluation

Melissa Garrido, PhD, Investigator,
Partnered Evidence-based Policy Resource Center, Department of Veterans Affairs
melissa.garrido@va.gov

PEPReC

Partnered Evidence-based Policy
Resource Center

Veteran-Directed Home and Community Based Services (VD-HCBS) Evaluation: PEPRReC's Role

PEPRReC

*Partnered Evidence-based Policy
Resource Center*

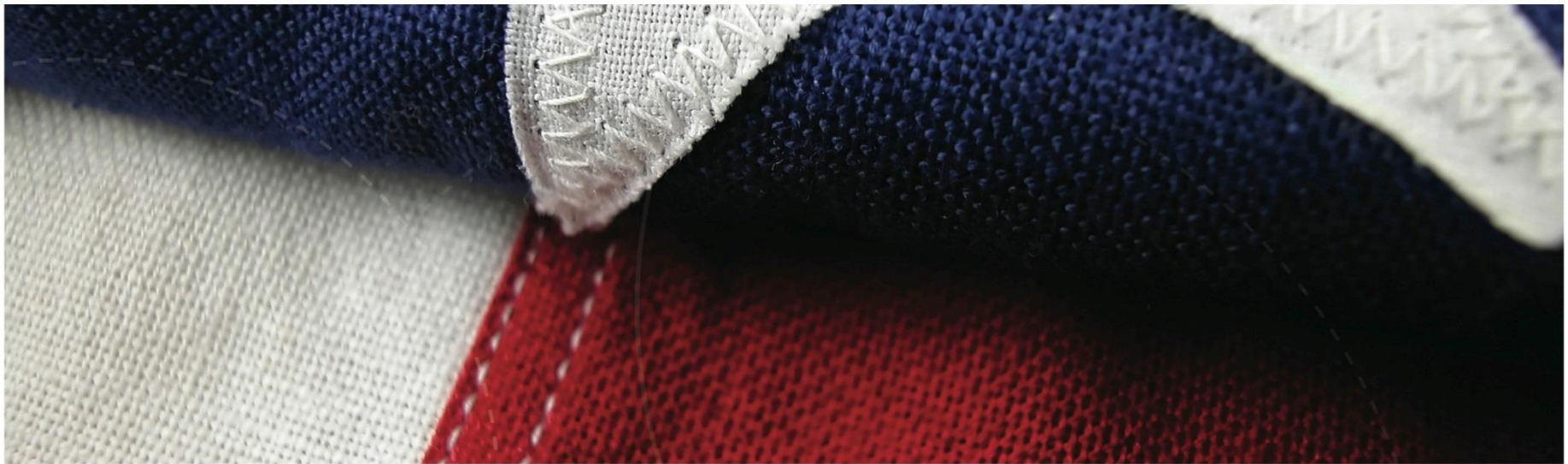
- Phased roll-out of VD-HCBS to remaining VA medical centers
- Planned analyses of impact of VD-HCBS on Veterans' health care use and costs

VD-HCBS Evaluation: Outcomes

PEPReC

Partnered Evidence-based Policy
Resource Center

Outcome	Primary	Secondary
Hospital admission	Any admission	Any admission for an ambulatory care sensitive (ACS) condition Number of any and ACS admissions
Emergency department admission	Any admission	Number of admissions
Nursing home admission	Any admission	Days at home
VA costs	Total costs	Costs associated with HCBS, nursing home care, hospitalization, outpatient care



Veteran and Caregiver Impact Evaluation

Kali Thomas, Research Health Science Specialist, Center of Innovation in Long-Term Services and Supports for Vulnerable Veterans, Providence VA Medical Center



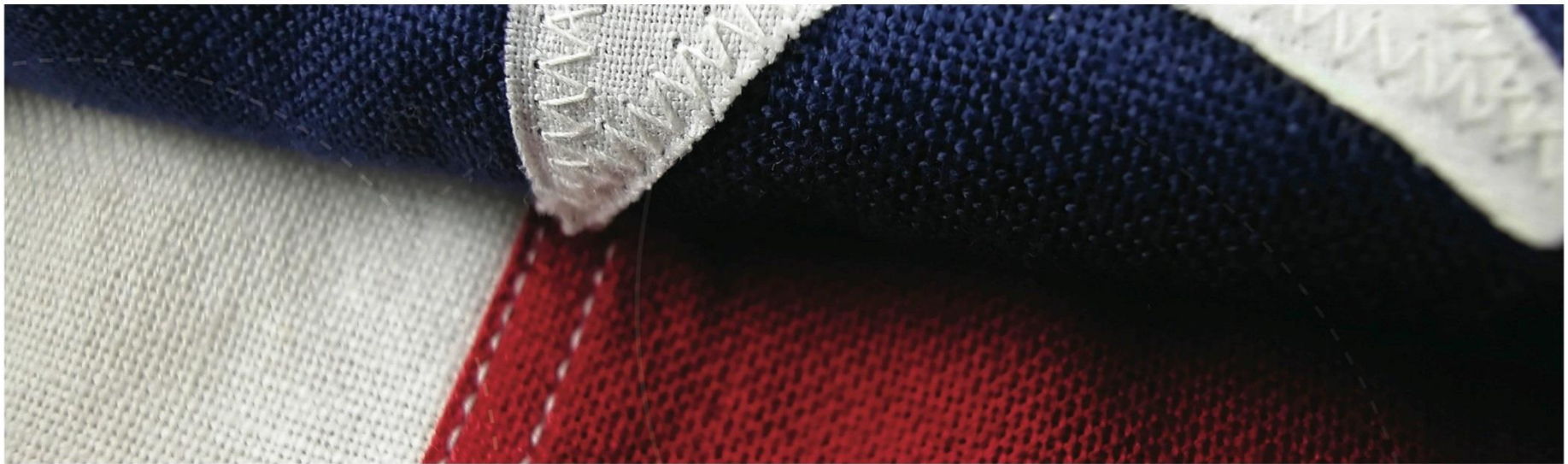
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Veteran Impact Evaluation

- Objective: Understand impact of VD-HCBS on Veterans' satisfaction, unmet needs, quality of life and independence using mixed methods:
- Surveys of Veterans at baseline, 3mos, and 1 year
 - Designed using best practices from existing sites with input from ACL and GEC
 - Standardized Experience Survey that will be useful for care planning, program development, as well as program evaluation
- Semi-structured telephone interviews with Veterans at 6 and 12mos
 - Veterans' early/late experiences with the program, satisfaction, goals of care, and quality of life
- Integrate Qualitative and Quantitative data to provide explanation and description of Veterans' experiences and the ways the program impacts their lives

Caregiver Impact Evaluation

- **Objective:** Obtain information on Caregivers' well-being and ascertain if any improvements are manifested as a result of Veterans' participation in this program
- Surveys of Caregivers (baseline and 9mos) measuring
 - Financial strain
 - Depressive symptoms
 - Stress/Burden
 - Positive aspects of caregiving
- Compare to external control group of Veteran Caregivers from the VA CARES Program of Comprehensive Assistance for Family Caregivers evaluation



Program Implementation

Nina Sperber, Research Health Science Specialist, Durham VA Medical Center



Program Implementation Evaluation

Aim: To examine implementation of the VD-HCBS program

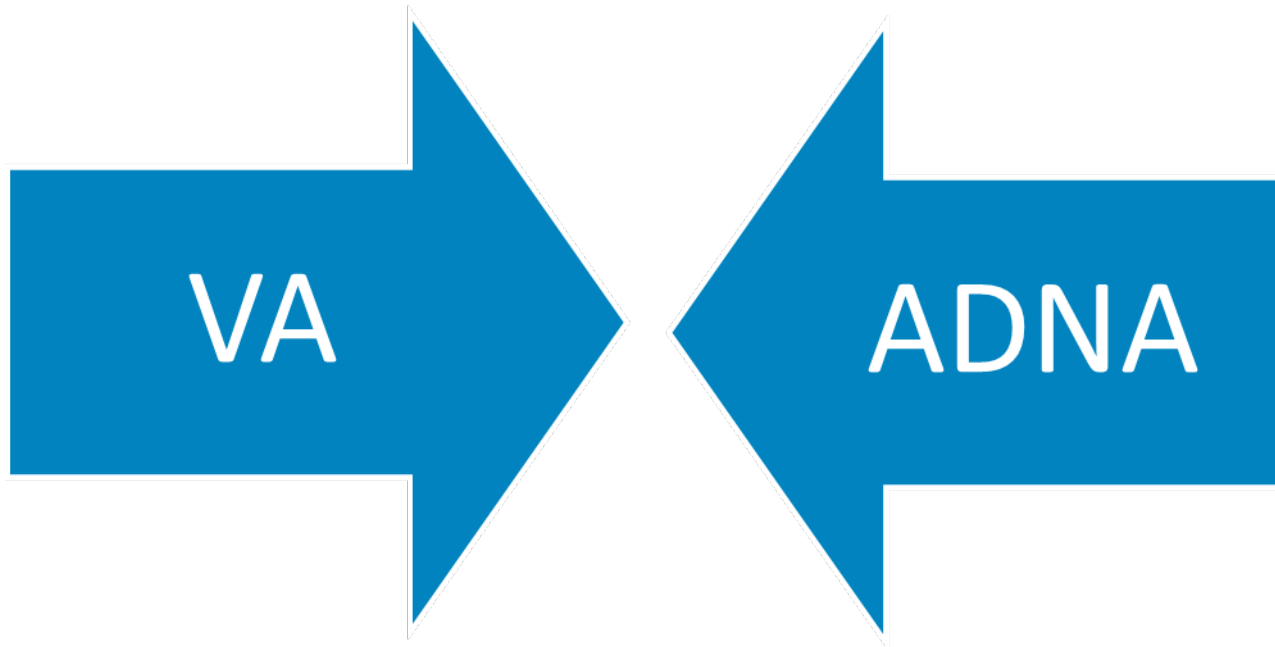
Elicit implementation strategies used

Examine how contextual factors impact implementation

Examine relationship between implementation strategies, contextual factors and outcomes

Program Implementation Evaluation

Case analysis of VA/ADNA pairs



Program Implementation Evaluation

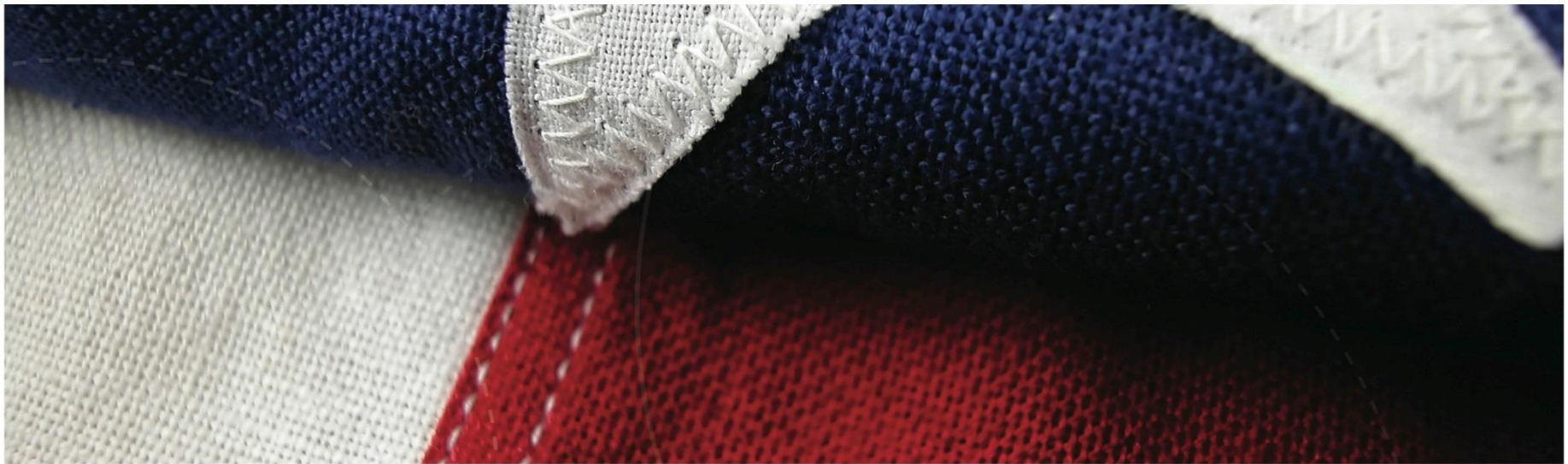
For each case, we will interview VA and ADNA coordinators to:

1. Identify facilitators and barriers (contextual factors) to effective implementation
2. Identify whether contextual factors experienced by ADNA/VA or both
3. Describe what implementation strategies are used

Program Implementation Evaluation

What implementation strategies and contexts must be present for the following outcomes to occur and in what combinations?:

- Low numbers of caregivers reporting unmet needs for personal care
- High numbers of Veterans reporting satisfaction with care
- Differences between expected and actual number enrolled



Questions?

Comments or Volunteers for Piloting

James.Rudolph@va.gov

Kali.Thomas@va.gov

Nina.Sperber@va.gov



Successful Communication Strategies for VD-HCBS

- VAMCs and VD-HCBS Providers share a common goal of serving Veterans through a self-directed LTSS Program that maximizes Veteran's independence and quality of life
- There are several programmatic components of VD-HCBS that support this common goal:
 - ▶ Purchased HCBS Case-Mix & Budget Tool to establish a case-mix level based on functional/clinical need
 - ▶ Development of a flexible spending plan to identify goals of the Veteran and provide choice and control over the services and goods the Veteran will receive
 - ▶ Person-Centered Counseling Support to help the Veteran improve their quality of life, minimize risks and ensure satisfaction with services

Successful Communication Strategies for VD-HCBS

- VD-HCBS Provider/PCCs play an important role in VD-HCBS as the primary point-of-contact for Veterans enrolled in VD-HCBS
- Regular and frequent communication between the VAMC Coordinator and PCC is needed to:
 - 1) Understand cohorts of Veterans targeted for VD-HCBS;
 - 2) Problem solve;
 - 3) Discuss changes in Veteran status; and,
 - 4) Work together to collect and share relevant data
- Discussions between the VAMC Coordinator and PCC are an integral piece to a comprehensive communication strategy for VD-HCBS

Veteran Directed Home & Community Base Services (VD-HCBS)

VA St Louis Health Care System

**Mary Wright, LCSW
January 2017**

INTAKE AND REFERRAL FORM

VDHCBS Intake & Referral

Date: _____

Name: _____

Social Security #: _____

Address: _____

DOB: _____ SEX: M F

Marital Status: S M W D SEP

Phone: _____

Referral Location: _____

Auth Agent Name: _____

Pos: WWII K VN PG I/A Peace

Address: _____

VA Benefit Status: Pension AA COMP

Phone: (H) _____

SC: _____ SC Condition: _____

Hours Available: _____

Authorization From: _____ To: _____

HHA Services as of date of referral-

Service	Agency	# of Hours per week
Home Health Aide		
Adult Day Services		
Other:		

DIAGNOSIS: See Attached _____

MEDICATIONS: See Attached _____

To be completed by VDHCBS Options Counselor:

Agency: _____

Address: _____

Options Counselor/Consultant: _____

Phone: _____

Fax #: _____

Follow-up Social Worker: _____

Service Initiation Date: _____

Referring Worker Telephone Ext

St. Louis VAMC Referring Location Date

Additional Notes:

VD-HCBS CASE MIX

VHA PURCHASED HOME AND COMMUNITYBASED SERVICES CASE MIX AND BUDGET TOOL

LASTNAME, FIRSTNAME LAST4

SOURCES OF INFORMATION FOR ACTIVITIES OF DAILY LIVING (ADL'S):

- PERSON
- INFORMANT
- MEDICAL RECORD
- OBSERVATION

ENTER VALUE OF SCORE IN THE "VALUE" BOX. IF VALUE IS ASTERISKED, CHECK OFF THE "DEPENDENCE" BOX.

Q1. DRESSING

- | | | |
|-------------------------------------|-----|---|
| <input type="checkbox"/> VALUE | 00 | CAN DRESS WITHOUT HELP OF ANY KIND |
| <input type="checkbox"/> DEPENDENCE | 01 | NEED AND GET MINIMAL SUPERVISION OR REMINDING |
| | 02* | NEED SOME HELP FROM ANOTHER PERSON TO PUT YOUR CLOTHES ON |
| | 03* | CANNOT DRESS YOURSELF AND SOMEBODY DRESSES YOU |
| | 04* | ARE NEVER DRESSED |

Q2 GROOMING

- | | | |
|-------------------------------------|-----|---|
| <input type="checkbox"/> VALUE | 00 | CAN COMB YOUR HAIR, WASH YOUR FACE, SHAVE OR BRUSH YOUR TEETH WITHOUT HELP OF ANY KIND? |
| <input type="checkbox"/> DEPENDENCE | 01 | NEED AND GET SUPERVISION OR REMINDING OR GROOMING ACTIVITIES |
| | 02* | NEEDS AND GETS DAILY HELP FROM ANOTHER PERSON |
| | 03* | ARE COMPLETELY GROOMED BY SOMEBODY ELSE? |

REFERRAL PROCESS DISCUSSION

REFERRAL PROCESS DISCUSSION - VDHCBS:

Veteran is able to manage financial and day-to-day decisions.

Comments/Information regarding Veteran being or having suitable coordinator of care:

Discussion regarding VDHCBS program covered:

Discussed difference between current program supports and VDHCBS (self-determination).

Discussed types of care that can be included

Discussed Financial Management Services

Program would replace current services provided through VHA including OP respite, H/HHA and ADHC.

Options Counselor from Area Agency on Aging will contact Veteran/Caregiver to schedule assessment - current authorization to stay in place until services are transferred.

Does veteran have other billable OHI (other health insurance)?

If yes does the OHI cover individual employees, or ADHC?

Veteran/significant other agrees to Choice Provider Payment program

REFERRAL FAX NOTE

FAXED

REFERRAL/INTAKE SHEET

CASE MIX

COVER SHEET

PROBLEM LIST

OUTPATIENT MED LIST

PRIMARY CLINIC VISIT NOTE

SW HOME CARE REFERRAL

VETERAN IS ASSESSED AS CASE MIX X - URBAN STL COUNTY/ILLINOIS/STL CITY

REFERRED TO MIDEAST AREA AGENCY ON AGING/AGESMART (ILLINOIS AREA AGENCY ON AGING)

MONTHLY SPENDING PLAN

Veteran Directed Home and Community Based Services Veteran's Monthly Spending Plan for AgeSmart Invoice to VAMC

Vet Number: _____
 Veteran's Name (First^LLast): _____
 Street Address: _____
 City, State, Zip: _____
 Telephone: _____
 Gender / Birthdate: _____
 Auth. Rep. Name (if any): _____
 Auth. Rep. Address: _____
 Auth. Rep. City, St, Zip: _____
 Auth. Rep. Telephone: _____

Case Mix Level: _____
 First day of service (MM/DD/YYYY): _____
 Last day of service: _____
 Number of days in month: _____
 Total Case Mix amount: \$ _____
 Date of current Assessment: _____
 Bill for Assessment this Month? (Y/N): _____
 Vet approved for service? (Y/N): _____
 Date Spending Plan developed: _____

VAMC Approval Signature & Date (Tier)
AAA Signature & Date for revised plans

(511) \$511
 GT \$85
 AgeSmart \$426

Planned Service (Employees Hired)

Employee Name	Approved Hours per Week	Employee's Hourly Wage	Employer's Share of Taxes & WC	Employee's Hourly Total Cost	Maximum # of Hours per Month	Total Monthly Cost	COMMENTS:
			\$0.00	\$0.00	0	\$0.00	
			\$0.00	\$0.00	0	\$0.00	
			\$0.00	\$0.00	0	\$0.00	
			\$0.00	\$0.00	0	\$0.00	
			\$0.00	\$0.00	0	\$0.00	
			\$0.00	\$0.00	0	\$0.00	
Total Monthly Planned Service:						\$0.00	

Backup Service (Temporary Employees and/or Agency-based)

Person(s) or Agency to Purchased From	Unit Cost	# of Units	Total Monthly
			\$0.00
	\$0.00		\$0.00
			\$0.00
			\$0.00
Total Agency-Based Backup Care:			\$0.00

NOTE: Identify an agency if they are the backup, but do not include a "Unit Cost" or "# of Units" unless the agency will be used this month.

Routine Planned Non-Employee Goods & Services

Description of Goods / Services	Proposed Purchased From	Unit Cost	# of Units per Month	Total Monthly Cost
				\$0.00
				\$0.00
				\$0.00
				\$0.00
Total Monthly Routine Planned Goods & Services:				\$0.00

Specified Saving Items & Saving for Emergencies

Description of Goods / Services	Proposed Purchased From	Proposed Date of Purchase	Estimated Cost	Est. Months Needed to Save	Total Monthly Cost/Savings
Emergency In Home Services		When Needed			\$0.00
					\$0.00
					\$0.00
Total Monthly Amount:					\$0.00

Summary of Spending Plan

	Full Month	If Partial Month	
Planned Service (Employee Hired)	\$0.00	\$0.00	
Backup Service	\$0.00	\$0.00	
Routine Planned Non-Employee Goods & Services	\$0.00	\$0.00	
Specified Saving Items & Saving for Emergencies	\$0.00	\$0.00	\$0.00
Monthly Admin & Oversight Fees	\$0.00	\$0.00	
Monthly Amount (prorated if < full month):	\$0.00	\$0.00	
Less Than or Equal to Total Tier Amount?	TRUE	TRUE	
Partial \$	\$0.00	\$	\$0.00
Days Used		0	
Days Available		31	

AAA WEEKLY UPDATE

VIP VDHCBBS Weekly Update: 1/17/17

Z9814

VA Ref Date: 12/4/15
Disenrolled

Last date of VDHCBBS Services: 1/8/17
Veteran M passed away on 1/8/17.

Z1908

VA Ref Date: 11/2/16
Transferred to Age Smart

Last date of VDHCBBS Services: St. Louis VA VDHCBBS is active.
Transferred from MEAAA on 1/13/17
Veteran Z is moving to Anytown, IL and requested to remain active in St. Louis VAMC VDHCBBS program. Agreement with St. Louis VAMC and Age Smart to transfer Veteran M. Age Smart to continue supportive service effective Veteran's move to IL on 1/16/17.

Active Veteran Issues/Concerns:

Z2137

VA Ref Date: 1/5/16 Annual Reassessment Summary

Z2038

VA Ref Date: 10/11/16

Case Mix reassessment faxed to VA on 1/16/17 for review.

Enrollment Processing Updates:

Z5173

VA Ref Date: 1/12/17
Initial contact made on 1/12/17.

Quarterly Summaries:

Z4710

Faxed to VA 1/10/17

Revised Spending Plans:

Significant modifications (additional services/hours/pay rates/etc.):

Z2137

VA Ref Date: 1/5/16

Revised Spending Plan to VA on 1/16/17 (attached with Weekly Update).
Revision reflects requested adjustment in pay for one of Veteran's employees.

Case Mix changes:

None submitted

AAA QUARTERLY REPORT

VETERAN DIRECTED HOME AND COMMUNITY BASED SERVICES

QUARTERLY SUMMARY

Veteran: _____

Authorization Date: _____

Reporting Period: _____

MONTH OF CONTACT	E.R. VISIT VA	E.R. VISIT OTHER	IN-PATIENT HOSPITAL VA	IN-PATIENT HOSPITAL OTHER	TOTAL # OF DAYS IN-PATIENT	DATES/METHODS OF CONTACT	
						FACE-TO-FACE	PHONE
Summary of Monthly Monitoring: (health & functional status, environmental needs, health & welfare issues, abuse, neglect, exploitation, employer certification status, coordination w/providers)							
Impact of Program as reported by Participant/Authorized Rep:							
Risks to nursing home placement noted: (falls, dementia, caregiver burden, incontinence, diabetes, isolation)							
Additional needs identified: Veteran is waiting to get the carpet pulled up in his home, they have set a schedule to do this in the Spring.							
Were changes made to the Spending Plan?							
OPTIONS CONSULTANT/AGENCY						Date:	

(1/2015)

ANNUAL ASSESSMENT UPDATE

Annual VDHCBRS Reassessment Summary

Veteran ID# _____

Date _____

Section		Change	No Change	Notes
I	Demographics			
II	Health History and Assessment			
III	Behavioral Health			
	Significant Life Change			
	SLUMS Score			
IV	Medications			
V	Nutritional Screening			
VI	Caregiver			
VII	Transportation			
VIII	Environment			
IX	Financial			
X	Legal Status			
XI	Options Plan Form			
XII	Expressed Benefits and Goals of Care			

Options Counselor

Date

TERMINATION FORM



Providing Options for Independence

VDHCBs Termination Form

Date:

Veteran:

Referral Date:

Termination Date:

Reason for Termination:

<input type="checkbox"/>	Unable to make contact with Veteran or AR
<input type="checkbox"/>	Veteran placed in Long Term Skilled Nursing
<input type="checkbox"/>	Veteran Moved
<input type="checkbox"/>	Veteran Deceased. Date:
<input type="checkbox"/>	Other- See Notes below

Was there a start date for this Veteran?

<input type="checkbox"/>	Yes	Date:
<input type="checkbox"/>	No	

Notes:

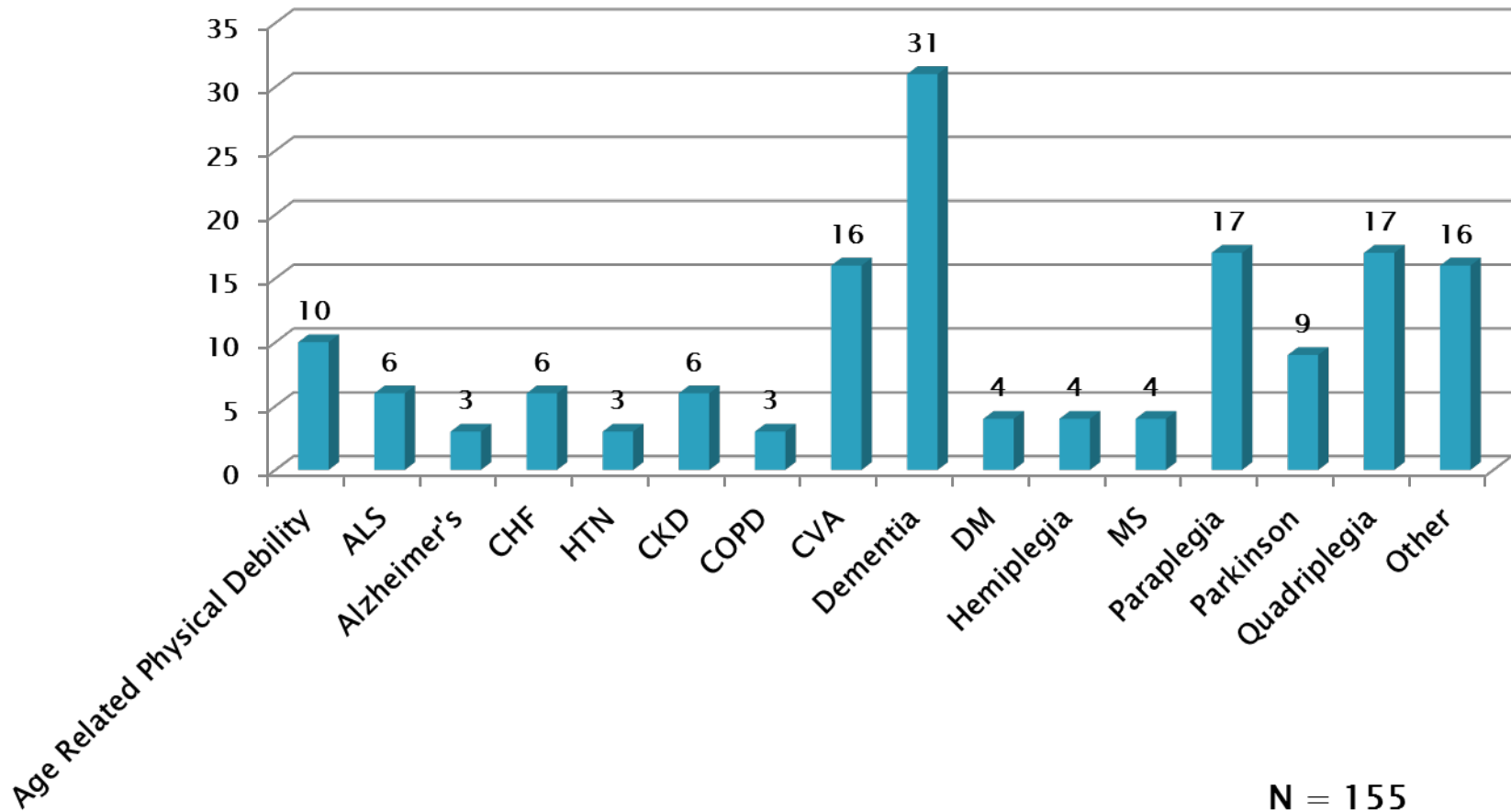
Options Counselor

Date

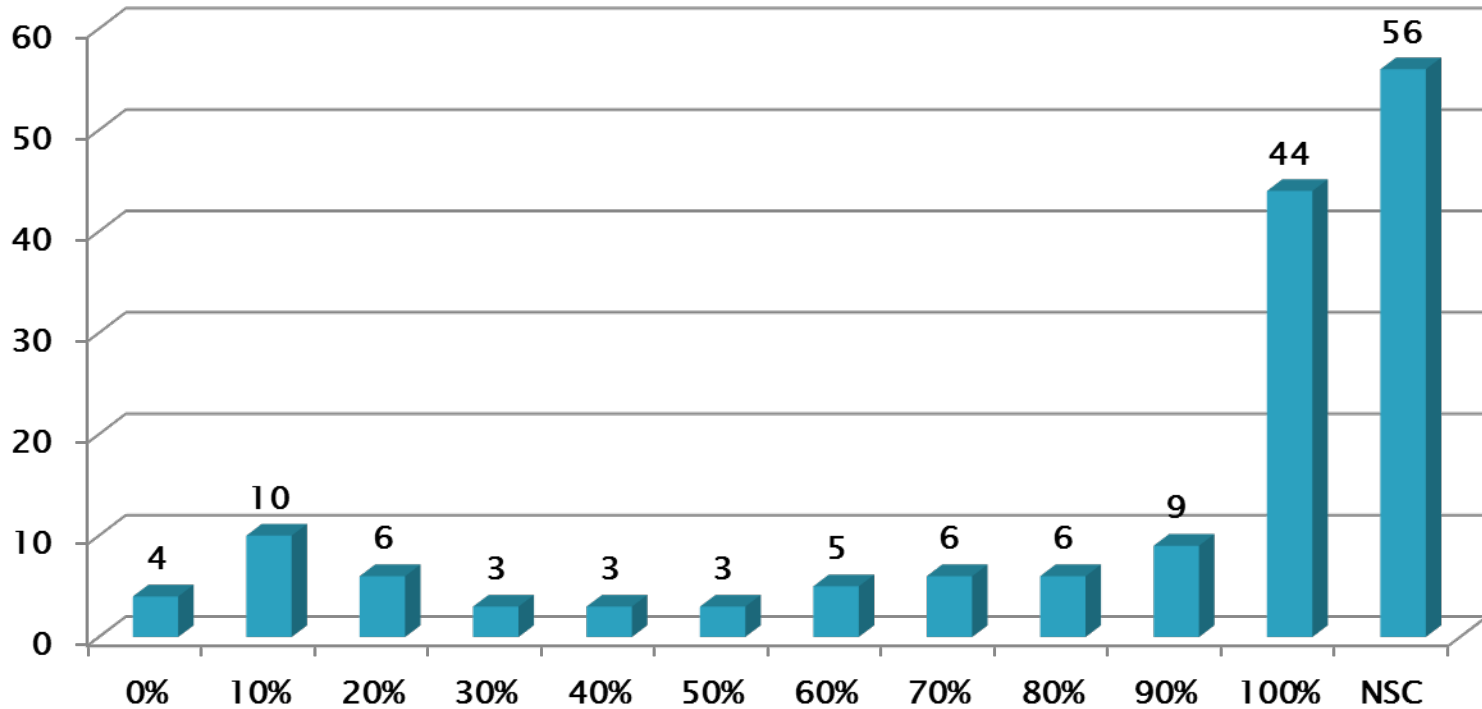
Supervisor

Date

Diagnosis Of Veterans Enrolled



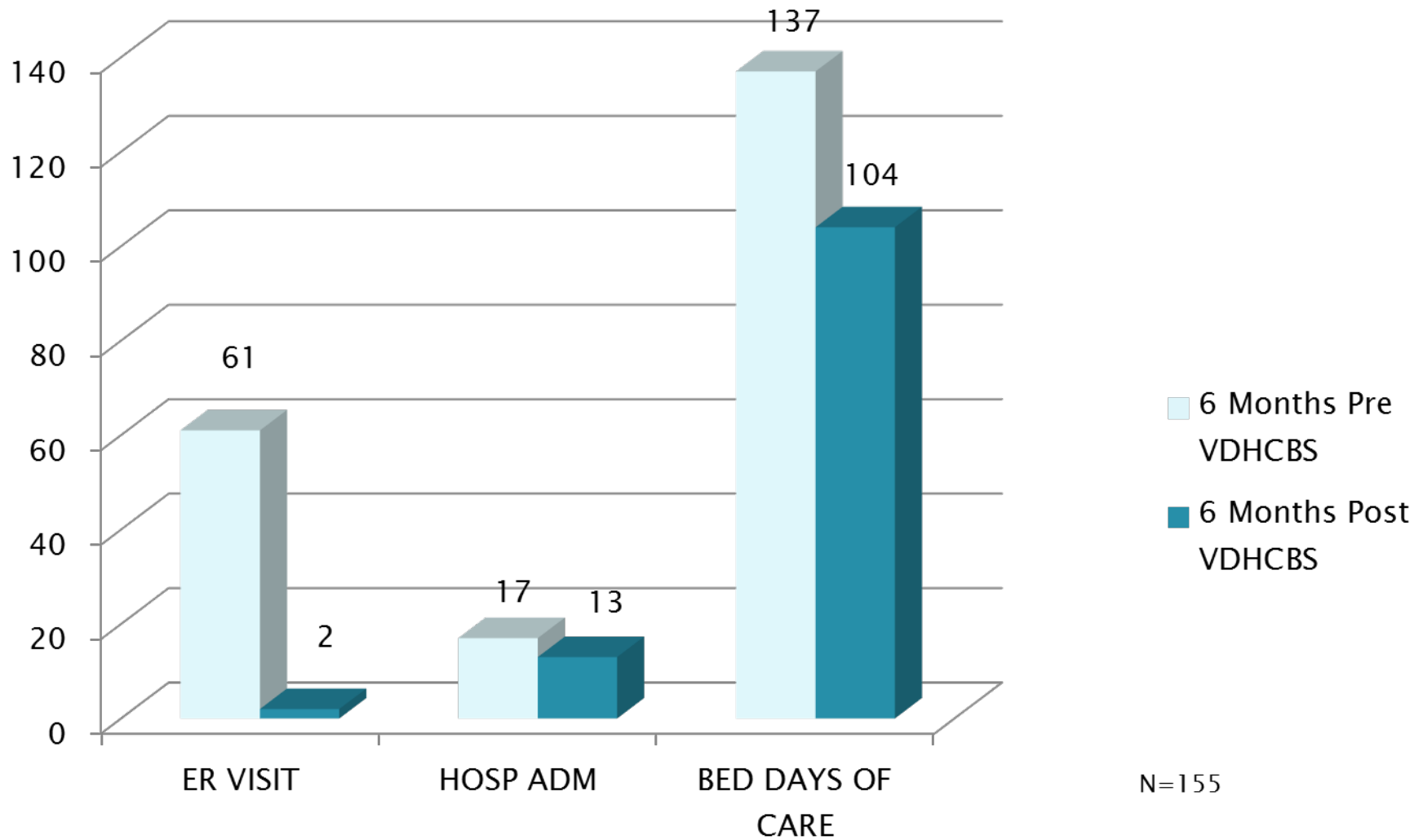
Service Connected Status of Enrolled Veterans



65/155 of SC Veterans are eligible for VA paid contract nursing home care.

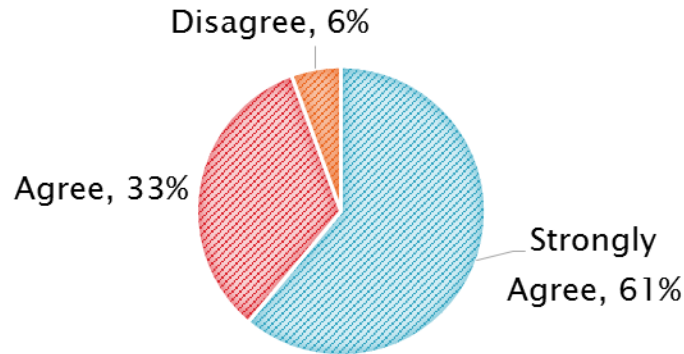
N = 155

VDHCBS DATA REFLECTS REDUCTION IN ER VISITS, HOSPITALIZATION, AND BED DAYS OF CARE (Inclusive of CLC Days)

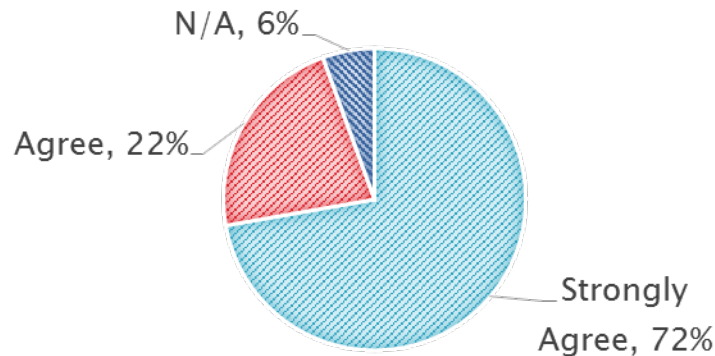


MEAAA Veteran Satisfaction Survey 12/2016

My Services Are Helping Me Live
My Life the Way I Want



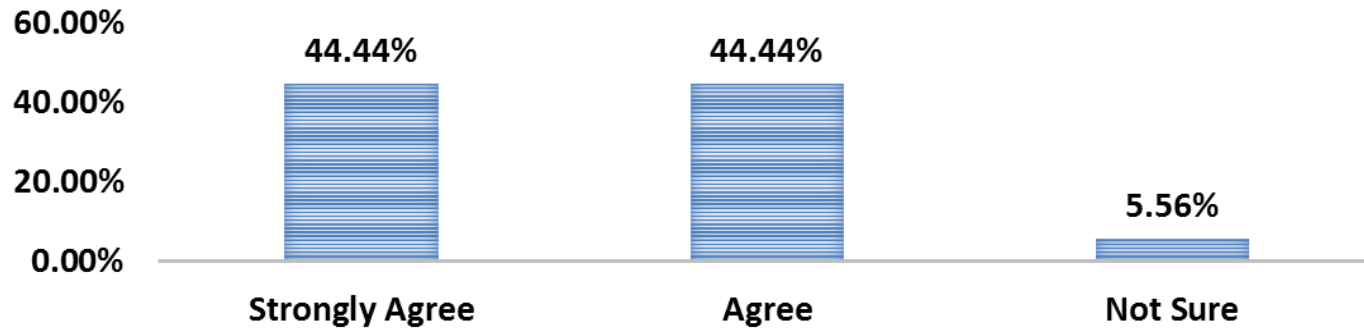
I Have People I Can Count On



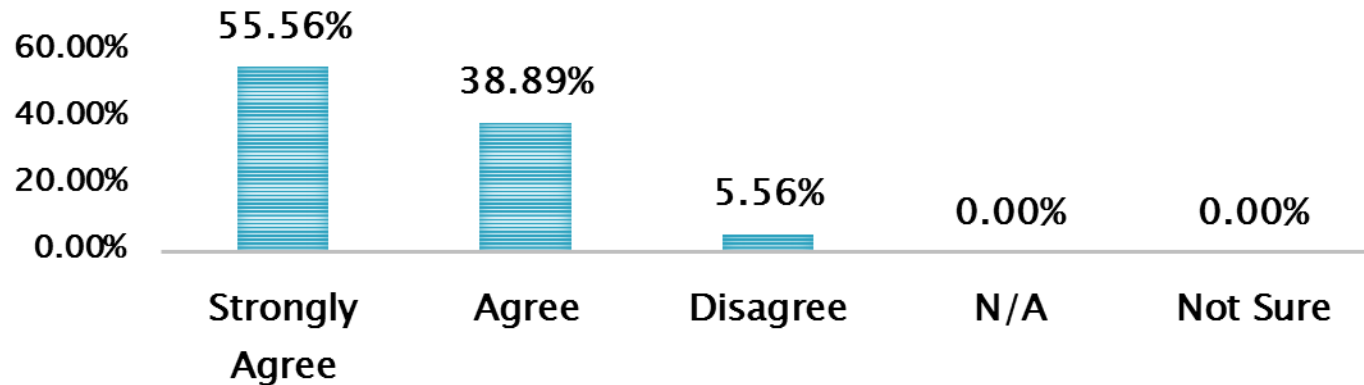
20% Of Veterans Surveyed N = 18

MEAAA Veteran Satisfaction Survey 12/2016

SENSE OF SAFETY IF I NEED HELP RIGHT AWAY, I CAN GET IT

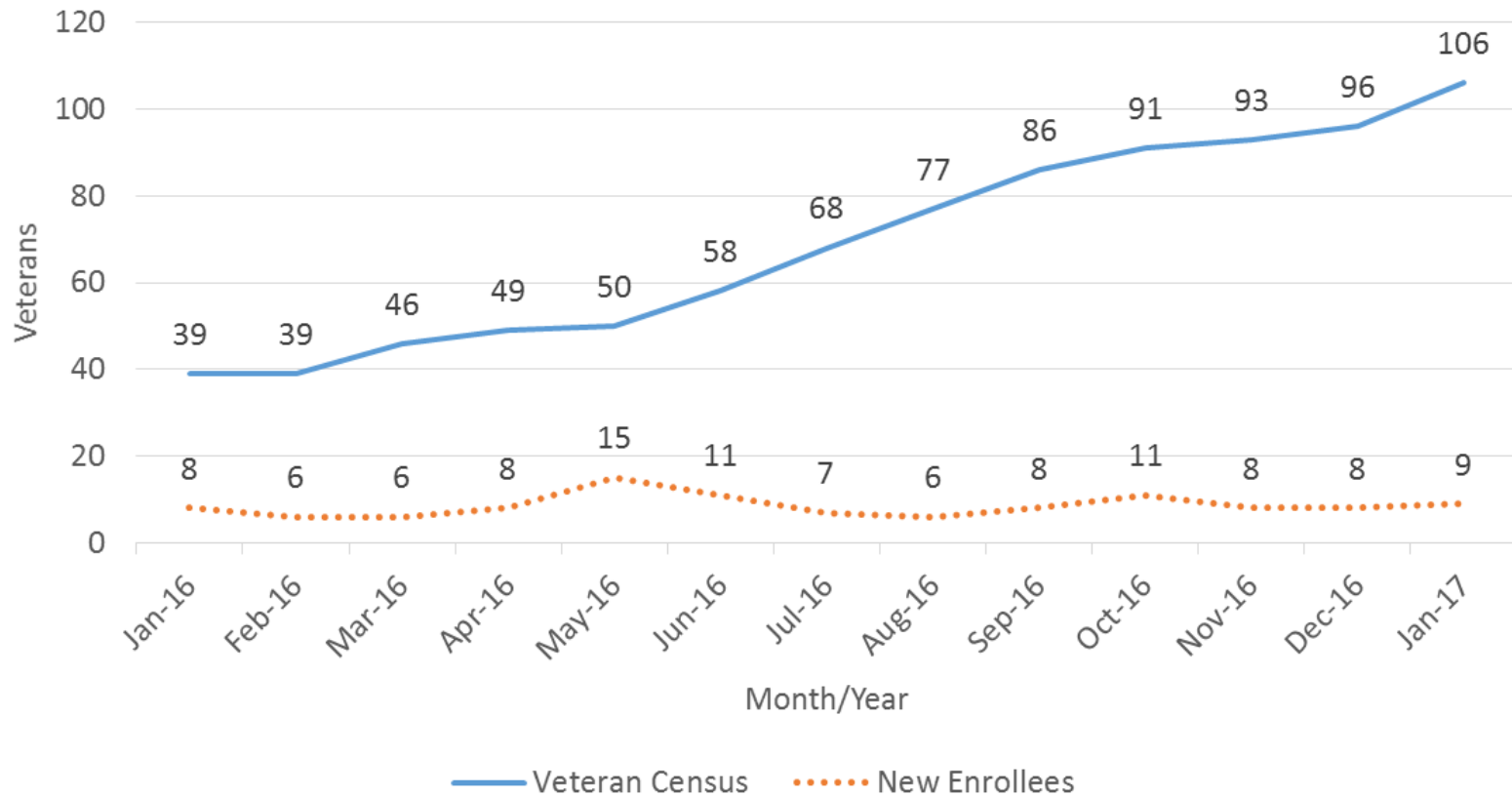


MY SERVICES ARE WHAT I THINK I NEED



20% Of Veterans Surveyed N = 18

MEAAA Veterans Enrollment Last 12 Months



Reflects enrollment through January 2017. Total enrollment in VD-HCBS at the St. Louis VAMC is 155 as of Dec 2016

Questions & Closing

- The next VD-HCBS Educational Webinar will be held on March 15, 2017
- REMINDERS:
 - ▶ Please remember to use the VD-HCBS Ticker on a monthly basis to enter and track Veteran census (<https://www.adrc-tae.acl.gov/>)
 - ▶ VD-HCBS Resources can be found at: <https://nwd.acl.gov/vd-hcbs.html>
 - ▶ Questions/Concerns? Please email: veterandirected@acl.hhs.gov