

April Veteran Directed Care Office Hour Frequently Asked Questions (FAQs)

The April Veteran Directed Care (VDC) Office Hour was facilitated by the Administration for Community Living (ACL) and the Veterans Health Administration (VHA) with support from the Lewin Group to respond to questions from VDC providers. Participants during the webinar were given the opportunity to ask questions through the Zoom chat feature. **Table 1** provides a list of frequently asked questions (FAQs) generated from the question-and-answer portion of the webinar.

Table 1. April VDC Office Hour FAQs

Questions	Responses
Is there a VDC Confidential Communication Form example that connects to the VDC Spending Plan example?	No, VDC providers can use their discretion in creating a VDC Confidential Communication Form.
Is there an assessment tool template?	VDC providers use their discretion in creating assessment tools during the readiness process. However, assessment tools should be as person-centered as possible, ensuring to capture the goals and preferences of the Veteran. An example assessment tool can be found in the ACL Technical Assistance Community Forms Library .
Currently, the new background check guidance – effective February 1, 2024 – includes direct workers and new authorized representatives. Will the Veterans and authorized representatives previously approved be required to have a background check completed?	If the authorized representative was approved prior to February 1, 2024, they will not need to have a background check completed.
Will authorized representatives be required to have their background checks renewed or rechecked on a regular basis?	No, once an employee passes a background check, they are approved to be hired for the VDC program. While some programs conduct annual background checks, that is not a necessary VDC program policy. Please follow any state requirements that are necessary, however.
What is the background check policy for individuals who have not resided in the state where they will provide services?	For authorized representatives and employees, if an individual has not lived in the state where they are going to provide services for at least five years, it is recommended that Veterans and VDC providers conduct a federal background check on that individual. This will ensure a more thorough background check result.
What are the regulations regarding caregivers' and workers' compensation while traveling out of state with the Veteran? If they are injured, how do they apply for workers' compensation? Is it based on their home state, or do they follow the guidelines for the state they are visiting?	The VA has just issued a temporary travel policy, which stipulates that it is possible in certain situations and under certain conditions to continue providing VDC program coverage for a Veteran temporarily traveling in the United States for under 180 days. The guidance differs depending on whether the VDC program operates under the Joint-Employer Agency with Choice (AwC) Financial Management Service (FMS) model or the Common Law Employer-Vendor Fiscal/Employer Agency (VF/EA) FMS model. However, during that time, Veterans may use their authorization amount. Veterans are highly encouraged to only use the authorization amount

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	<p>allotted for that time period in their spending plan, because they will be responsible for any overspending during that period.</p> <p>As far as taking workers to another state, Veterans and VDC providers must comply with all state regulations affecting workers. For example, some states require that extended work be converted to their tax, labor, and workers' compensation requirements.</p> <p>As far as paying workers' compensation, decisions must be made on a case-by-case basis. If the Veteran is on a shorter trip (e.g., a week), VDC providers may be able to go through the state where the Veteran typically resides. If the trip is longer or if the state provides pushback about filing where the injury took place, VDC providers should comply with that state's process. In the interest of avoiding these complications, VDC providers and Veterans should also consider when using agency employees and services is appropriate.</p>
<p>If the minimum wage and tax rates are different in another state, will the Veteran receive a revised spending plan reflecting those changes?</p>	<p>VDC providers should handle these instances on a case-by-case basis. If the Veteran is on a shorter trip (e.g., one to two weeks), continuing the state of residence's wage rate may be the appropriate choice. For longer trips, however, the state may require the imposition of their hourly wage rates. Seeing as such a change could be considered a cost beyond control, VDC providers may decide to submit a request for amended authorization in this instance. The request for amended authorization would reflect these additional costs. It would then be up to the Veterans Affairs Medical Center (VAMC) to review and approve or deny the amendment.</p> <p>In the interest of avoiding these complications, VDC providers and Veterans should also consider when using agency employees and services is appropriate.</p>
<p>Is the Veteran responsible for overspending? How does that work?</p>	<p>It is the responsibility of the Veteran, with support from 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. The Veteran's authorized budget is designed to meet the Veteran's needs for the entire period of the authorization, therefore, the VDC provider must support the Veteran to develop a spending plan that avoids overspending. VAMCs are not required to reimburse for any VDC spending that exceeds the Veteran's authorized budget.</p> <p>The remediation training and termination policy aims to support Veterans who consistently spend over their average monthly budget and are at risk of exceeding their authorized budget prior to the end of their authorization period. The VDC provider is responsible for applying the policy by developing a plan with the Veteran to align spending with the average monthly amount and continue to review spending with the Veteran monthly. The VDC provider must alert the VAMC VDC Coordinator of continuous Veteran overspending. If overspending continues to occur despite remediation training, the VAMC VDC Coordinator may opt work to with the Veteran to determine if a different VHA program will better meet their needs.</p>
<p>Is there guidance for maximum wages?</p>	<p>Veterans as employers have the right to determine and establish hourly rates within the funds available in their spending plan. However, VDC workers hired by the Veteran will not be paid an hourly rate that exceeds</p>

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	<p>the hourly rate allowed by the state program for agency services (excluding employer tax costs). Veterans must also comply with the minimum wage requirements in their state. The average VDC worker hourly rate ranges from \$15.00 – \$20.00/hour (excluding employer tax costs) but may be exceeded if necessary.</p>
<p>Is there a list of worker authorized duties and duties that are not authorized?</p>	<p>The person-centered counselor uses the person-centered assessment process to document Veteran’s goals, preferences, and needs to determine the purchase of goods and services as the foundation for the Veteran’s spending plan.</p> <p>Services by provided by VDC employees must meet all the following criteria:</p> <ol style="list-style-type: none"> 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 activities of daily living (ADL) or instrumental activities of daily living (IADL) 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. <p>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:</p> <ol style="list-style-type: none"> 1. Support the ability of the Veteran to remain in their home and access their community resources and network; 2. Enhance community inclusion and family involvement; 3. Develop, maintain, or improve personal, social, physical, or work-related skills; 4. Decrease dependency on formal support services (i.e., reduce the need for purchasing services through other professional health and community-based service providers); 5. Increase the Veteran’s independence; 6. Increase the Veteran’s safety in their home and community; and/or 7. 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.
<p>When bringing on a new Aging and Disability Network Agency (ADNA), are there any standard guidelines to have them orientated in order to provide continuity of documents and consistency of follow-up and enrollment practices for the Veterans?</p>	<p>ADNAs must meet the VDC readiness criteria before they can sign a Veteran Care Agreement (VCA) to offer VDC and serve Veterans. As VDC providers, ADNAs serve as community providers to VA and help maximize a Veteran’s independence within their homes and communities.</p> <p>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:</p> <ol style="list-style-type: none"> 1. Receive a person-centered assessment and care planning assistance; 2. 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; 3. Manage an individual budget with a flexible Veteran-centered spending plan; 4. Hire and supervise their own workers, including family or friends; 5. Purchase goods or services needed to live independently in the community; 6. Have access to FMS and counseling support services which facilitate service delivery (Fiscal/Employer Agent (F/EA) is the preferred

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	<p>model); and 7. Utilize traditional service providers, if desired, to supplement VDC only for unforeseen emergencies.</p> <p>Once an ADNA passes the readiness review and seeks to start up their program, the Operations Manual Template, the VDC Billing and Invoicing Guide, and the VDC Field Guidebook are all helpful resources that outline the standard policies and procedures of the VDC program. All of these resources can be found on the ACL No Wrong Door website.</p>
<p>When a new ADNA is added, who initiates the VCA?</p>	<p>VCA's are initiated at the VAMC level.</p>
<p>Can you advise on how to manage the VDC process with a new providing agency who refuses to do an ADL assessment using a standardized assessment tool (i.e. case mix index)?</p>	<p>It is the VAMC's responsibility to complete the case mix tool, which determines the Veteran's authorization amount. A VDC provider may supplement the VAMC's case mix rate with additional information from the person-centered assessment, including if there are important ability findings that may affect the outlined case mix, for example. However, it is ultimately the VAMC's responsibility for completing the case mix tool.</p>
<p>Can the case mix tool be sold out by the VDC Coordinator or done by someone else such as a team social worker?</p>	<p>Although the case mix tool is the VAMC's responsibility, it does not have to be completed by the VDC Coordinator and can be done by another staff member. However, the case mix tool needs to be completed by a clinical staff member, a nurse, or a social worker. This background is necessary to ensure proper assessments and procedures.</p>
<p>What are the procedures for filling out the case mix tool? Who is responsible for filling it out?</p>	<p>VAMCs are responsible for completion of the Purchased Case-Mix & Budget Tool before enrolling Veterans in the VDC program. VDC providers should collaborate with their partnering VAMC to determine if there is any clinical information and/or change in the functional status that may impact the Veteran's case-mix level.</p> <p>VAMCs use the Purchased Case-Mix & Budget Tool to determine the Veteran's level of need for in-home assistance to maximize their independence and avoid costly nursing home services. Completion of this tool leads to a case-mix level, which provides a dollar amount that is the average monthly authorized service spending amount for the individual Veteran (i.e., the case-mix rate). The case-mix rate is inclusive of the Veteran's monthly spending plan to purchase goods and services as well as the monthly administrative costs for the VDC provider.</p> <p>The Purchased Case-Mix and Budget Tool is an ADL-based instrument that screens for appropriate funding based on a Veteran's clinical and functional needs. The VDC provider's person-centered counselor facilitates a much more in-depth assessment of actual service needs and preferences with the Veteran after the case-mix is determined. Completed independently of the case-mix instrument, this assessment is also known as a person-centered counseling assessment.</p> <p>More information on the case mix tool can be found in the VDC Billing and Invoicing Guide.</p>
<p>Should the case mix tool be done before or after the county service provider does theirs?</p>	<p>There is no official policy about when the VA case mix tool needs to be completed in relation to the VDC provider's assessment. However, during an authorization period, a case mix tool needs to be completed at the initiation of services. It also needs to be completed annually and if there is an identified, significant change in Veteran status.</p> <p>VAMCs and VDC providers should also work together to ensure that the case mix tool is reflective of Veteran need, as informed by the person-</p>

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	<p>centered assessment. If the assessment reveals any significant discrepancies, VAMCs and VDC providers should work together to ensure correction. In cases where assessments and case mix tool deadlines do not align well and cause a duplication of effort, VAMCs and VDC providers may consider working together to establish timelines that are in better alignment.</p>
<p>1. For Veterans who are receiving Program of Comprehensive Assistance for Family Caregivers (PCAFC) that are eligible for other personal care services, can they receive VDC, Homemaker/Home Health Aide (H/HHA), and Community Adult Day Health Care (CADHC)? Or would they be eligible for either VDC OR H/HHA and CADHC?</p> <p>2. When receiving both PCAFC and VDC, can the caregiver receiving the Caregiver Support Program (CSP) also be the employee to a Veteran receiving VDC?</p> <p>3. Can a paid PCAFC caregiver act as a Veteran's authorized representative in VDC?</p>	<ol style="list-style-type: none"> 1. In choosing VDC, Veterans are opting out of the H/HHA, CADHC, and Home Respite programs. Veterans who have a case mix score of I or above may be enrolled in VDC and receive PCAFC benefits without duplication of services. VDC funds must primarily be used for personal care services. 2. For Veterans dually enrolled in PCAFC and VDC, the primary caregiver in PCAFC can be an employee in the VDC program. 3. A primary PCAFC caregiver can be the authorized representative for VDC (but authorized representatives cannot be an employee).
<p>Can you detail some ways in which home care agency services could be used under VDC? Are these VA-specific home care agencies or outside agencies of a Veteran's choosing? Are there criteria or a max length of time these services could be approved?</p>	<p>VDC Veterans may use agency services in limited situations such as emergency respite and planned employee vacations, according to their VDC spending plan and using their VDC budget for up to 30 days per year. Use of VA network agencies is not required. Additional time may be approved by the VDC Coordinator when attempts by the Veteran, with the assistance of the VDC provider, to find a temporary employee have been unsuccessful and the majority of the care provided continues to be self-directed. Additional time may not exceed 60 days per year. Please see the VDC Field Guidebook for more information.</p>
<p>Is the ADNA responsible for direct Sexual Harassment Prevention Training to the workers?</p>	<p>There is no mandatory training requirement under the VDC program, as Veterans and their authorized representatives provide the necessary worker training. However, VDC providers must ensure that all state requirements are followed in the management of their programs. If Sexual Harassment Prevention Training is a required state training, VDC providers should work collaboratively with their VAMC and Veterans to ensure workers complete such training.</p>
<p>What is the status of Change Healthcare? I am attempting to register through iEDI/Optum and</p>	<p>If you submit medical claims directly to the VA and were impacted by the recent Change Healthcare incident, you can now submit using the same VA Payer IDs.</p>

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am having difficulty. Is there anyone we can talk to?	<p>VA's system for claims submission, using electronic data interchange, is stable and secure. Currently, VA is providing claims acknowledgement reports (277CA) for Payer ID 12115 (Veteran community care). After you file a Veteran or family member claim, you will receive electronic remittance advice (835) files with final adjudication and payment information.</p> <p>Assistance with Change Healthcare questions can be provided by the Change Healthcare Customer Service line (866-371-9066). Questions regarding the iEDI system can be directed to the Optum Customer Service center (866-234-8913).</p>