



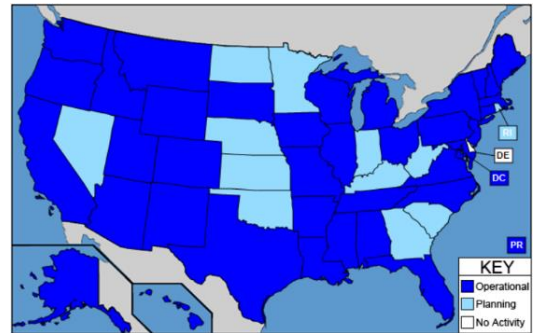
VETERAN DIRECTED CARE PROGRAM

Introduction to the Veteran Directed Care (VDC) Program

The Veterans Health Administration (VHA) and the Administration on Aging, now part of the Administration for Community Living (ACL), developed the Veteran Directed Care (VDC) program in 2008 to provide Veterans with nursing home level of care needs the opportunity to have choice and control over their services and supports in the community. The VDC program leverages a nationwide network of Aging and Disability Network Agencies (ADNAs) – Area Agencies on Aging, Aging and Disability Resource Centers, Centers for Independent Living, and State Units on Aging – within states' No Wrong Door (NWD) Systems to support Veterans as they plan for and direct their long-term services and supports (LTSS).

VDC Program Reach¹

- The VDC program is available at 71 VA Medical Centers (VAMCs) in 37 states, the District of Columbia and Puerto Rico.
- 255 ADNAs are eligible to provide VDC, and more than 4,500 Veterans are currently being served. Cumulatively, over 10,400 Veterans have been served by VDC since the start of the program.



What is the VDC Program?

In VDC, VAMCs authorize an annual flexible spending budget based on the Veteran's assessed needs. The ADNA then facilitates a person-centered process to support the Veteran to plan for, arrange, and secure the needed goods and services within that budget. This ensures that the Veteran's needs are met, so they can remain independent in the community. For more information about VDC, please visit <https://nwd.acl.gov/vdc.html>.

How does the program benefit Veterans and Caregivers?

Greater Choice and Control: The participant-directed nature of the VDC program offers Veterans control over a flexible service budget that they can use to hire family, friends, and neighbors to provide the care they need. Veterans receive support from a person-centered counselor from the ADNA to design their care to fit their goals for independent living. Veterans in VDC manage a flexible budget, schedule their care at the times and hours that work for them, and hire and supervise their own workers.

Increased Services and Supports: Veterans in VDC often have access to more hours of care compared with traditional home health programs, because they have more flexibility with service hours and can negotiate service rates with their workers.

"I don't know what we would have done without VDC. My husband would be in a nursing home without it because I'm 66 and bathing him is very difficult. I don't have the strength. We are so thankful for the support we get." - Veteran's Caregiver

¹ The below data on VDC program reach was up to date as of May 10, 2023.



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High Level of Satisfaction: Veterans report high levels of satisfaction with the foundational elements of the VDC program—choice, control, and community living. A study conducted to understand Veteran satisfaction in VDC captured participant perspectives through focus groups and individual interviews by telephone and recognized that VDC is an “*innovative approach to meeting the person-centered needs of Veterans wishing to remain at home, while experiencing quality care and leading meaningful lives, areas identified as priorities for improving long-term services and supports.*”²

How does the program benefit Veterans Affairs Medical Centers and the Veterans Health Administration?

Increased Access for Veterans with Complex Needs: VAMCs have used VDC to increase Veteran access to flexible personal care services. VDC is particularly effective in rural areas that have limited or no access to home health agency care, since Veterans enrolled in the VDC program can hire and supervise their own workers in their communities. Additionally, VDC enables the VA to better meet the needs of Veterans that are at high-risk for hospitalizations and nursing home admission. Veterans that require more care than what is traditionally offered through the VA Home Maker and Home Health Aid (H/HHA) care are often offered the option to self-direct their care through the VDC program. In addition, VDC serves Veterans of all ages, including younger Veterans seriously injured in Iraq/Afghanistan, Veterans with Spinal Cord Injury, and Veterans with Amyotrophic Lateral Sclerosis (ALS), Multiple Sclerosis (MS), Parkinson’s, and Alzheimer’s.

“One of the most rewarding aspects of VDC for our VAMC is meeting with ADNAs and managing the small unique questions that arise almost daily to know that all the many pieces of the program lead to help keep Veterans at home.” – VAMC Coordinator

Community Partnerships: VDC expands the VA’s reach into the community by forging partnerships with ADNAs that are VDC Providers. VDC Providers have a depth of experience with tools, resources, and supports at the regional and local community levels that VA staff may not be familiar with. ADNAs also have expertise and skills in person-centered counseling and supporting Veterans with resources and community-based options that meet their goals and preferences.

Cost Savings: Local VAMC evaluations of the VDC program have shown cost savings and avoidance. The [San Diego](#), [St. Louis](#), [Boston](#), and [Milwaukee](#) VDC programs have studied and reported cost benefits of VDC. These reports are available to all VDC programs to help support program sustainability and expansion and can be found on ACL’s NWD website: <https://nwd.acl.gov/vdc.html>.

Reduced Emergency Department Visits: The VA at the St. Louis Health Care System found a 50% reduction in emergency room visits six months post-enrollment in VDC. Additionally, hospital admissions were reduced by 48%, and bed days of care were reduced by 63%. [This report](#) is available to all VDC programs to help support program sustainability and expansion.

Reduced Nursing Home Utilization: In 2017, VHA conducted an analysis of Veteran demographics and shifts in utilization one year after receiving VDC or H/HHA. [Findings](#) showed that Veterans in H/HHA experienced a 55% increase in nursing home utilization after one year of receiving H/HHA, while

² Ellen K. Mahoney, Aimee Milliken, Kevin J. Mahoney, Merle Edwards-Orr, and Danny G. Willis (2018). “It’s Changed Everything”: Voices of Veterans in the Veteran-Directed Home and Community Based Services Program. *Journal of Gerontological Social Work*. <https://doi.org/10.1080/01634372.2018.1458054>



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Veterans in VDC experienced a 37% decrease in nursing home utilization one year after enrollment. VDC studies conducted at four VAMCs also found reduced nursing home utilization.

How does the program benefit ADNAs?

Support Veterans in Community Living: VDC provides an opportunity for ADNAs to partner with a new payer to provide access to community options for individuals at risk of nursing home admission. The ADNA supports Veterans enrolled in VDC with managing program responsibilities and provides financial and programmatic oversight to the VDC program, including staff supervision, quality monitoring, and documentation.

Person-Centered Counseling: VAMCs leverage the expertise of person-centered counseling offered by ADNAs to ensure that Veterans have trained VDC staff dedicated to supporting the individual needs of the Veterans as they design and direct their own services and supports. Veterans engage in a comprehensive, person-centered assessment process with a person-centered counselor at the ADNA to develop a spending plan that reflects a mix of services and supports based on individual needs, goals, and preferences. Veterans are supported by the person-centered counselor in understanding and implementing the program, as well as ensuring that services are provided according to a plan that is updated and adapted, as needed.

“VDC provides individualized care for the Veteran as well as provides a way for them to remain in their home and independent. One of the most rewarding aspects of the program at our ADNA is being able to provide a way for the Veteran and family to meet their care needs with the persons they want to have care for them.” – Person-Centered Counselor

Receive Reimbursement for Provision of Services: VDC is a fee for service program, and VAMCs pay the ADNA on a monthly basis for expenses the Veteran incurred the month prior based on a pre-approved spending plan and for a flat monthly program administrative fee. The monthly program administrative fee covers program administration costs, person-centered counseling, and fiscal management services.

Serving Veterans in VDC: ADNAs³ interested in delivering VDC can choose to become a provider or a subcontractor to another ADNA provider. All ADNAs that serve Veterans in VDC are required to complete a VDC Readiness Review which verifies that the ADNA has tools, processes, and procedures to operate a self-directed care model and meet the requirements to become a VDC Provider. ADNAs may elect to partner with another ADNA that administers the VDC program in order to provide person-centered counseling to Veterans in VDC. ADNAs that only provide person-centered counseling to Veterans in VDC will operate under a subcontract with the VDC Provider (i.e., the ADNA that administers VDC).

How can my organization learn more about the VDC Program?

Contact: VeteranDirected@acl.hhs.gov

No Wrong Door (NWD) Systems VDC Resources: <https://nwd.acl.gov/vdc.html>

VHA VDC Website: https://www.va.gov/geriatrics/guide/longtermcare/Veteran-Directed_Care.asp

³ADNAs eligible to sign a Veteran Care Agreement (VCA) with Veterans Affairs Medical Centers (VAMCs) to deliver VDC include, Area Agencies on Aging (AAAs), Aging and Disability Resource Centers (ADRCs), Centers for Independent Living (CILs), and State Units on Aging (SUAs).