Veteran-Directed Home and Community-Based Services (VD-HCBS) Readiness Review for Aging and Disability Network Agencies

Instructions

The Veteran-Directed Home and Community Based Services (VD-HCBS) Readiness Review has two purposes. The first is to help you walk through the components necessary to develop and implement the VD-HCBS program, which features a flexible spending plan. The second purpose is to reasonably assure the Veterans Health Administration (VHA) that you are able to implement the VD-HCBS program in accordance with the principles of participant direction (as specified in the VHA Provider Procedures Document).

You will submit your readiness review to the National Resource Center for Participant-Directed Services (NRCPDS) for review. You will then meet with an NRCPDS representative to discuss your Readiness Reviews responses. The NRCPDS has significant participant direction program design and implementation experience and will be able to help you troubleshoot any issues that may arise. Resources to help you complete the Readiness Review are available at www.participantdirection.org and www.adrc-tae.org. Also, NRCPDS staff is available to work with you individually as you develop your document. The VD-HCBS Program Contact List includes the name and contact information of the NRCPDS and Administration for Community Living (ACL) representatives working with your state. If your state’s contact is not listed, please email Merle Edwards-Orr at merle.edwards-orr@bc.edu

If the Veterans Affairs Central Office (VACO) identifies an urgent need to enroll a Veteran in the VD-HCBS program, some portions of the Readiness Review may be deferred for up to 60 days. The minimum requirements for each Readiness Review question are indicated in italics. The minimum requirements must be completed before you are able to serve any Veterans.

The Readiness Review requirements are as follows:

I. Enclosures:
   1. Functional Assessment: This is the tool locally used by your VD-HCBS program to conduct a person-centered assessment with the Veteran. (Required)
   2. Spending Plan Template: This is the form used to identify how the Veteran plans to use his/her budget allocation. This form often includes probes to elicit Veteran goals and tools to help identify potential workers. (Required)
   3. Policies and Procedures Manual: This is the document where you identify program policies: the roles and responsibilities of the Veteran and VD-HCBS program staff, intake, assessment, budget determination, service planning and approval, incident and complaint processes, risk mitigation, and quality oversight. If you do not already have a program manual that can be readily modified for the VD-HCBS program, we recommend that you use your Readiness Review responses as the basis for your manual. The reason for a Policies and Procedures Manual is to implement program consistency and fairness, and as a tool for reference by all parties involved, especially new staff, to understand the program. The Policies and Procedures Manual should be a living document updated as needed to reflect new policy as the result of identified issues. (The Policies and Procedures Manual is a requirement; however it may be delayed for up to 60 days if enrolling a Veteran with an urgent enrollment request from VACO).
   4. Veteran Handbook: At a minimum this handbook should include the Veteran’s rights and responsibilities, policies and procedures for reporting a complaint or incident, and the basic

Revised November 20, 2014
policies on employment of workers and types of allowable purchases. It is recommended that purchases of goods and services other than employees be approved by the Veterans Affairs Medical Center (VAMC) so that duplications of existing services do not occur. (The Veteran Handbook is a requirement; however it may be delayed for up to 60 days if enrolling a Veteran with an urgent enrollment request from VACO).

II. Questions

1. This question is intended to elicit your program’s collective understanding of participant direction, how new staff will gain that understanding, and how the philosophy is put into practice through involvement of Veterans in the VD-HCBS program design and/or implementation. Minimum standard is that all VD-HCBS Options Counselors1 have participant direction experience, or receive participant direction training, and a plan for Veteran involvement in the program design and/or implementation in an advisory capacity.

2. The response to question 2 should include a Veteran-centered process of intake and assessment as described. You do not need to recap the content of the assessment you included with this Readiness Review, but do need to describe how you will educate the Veteran about the program rights and responsibilities (this education is also part of the tasks needed in order to bill the one-time assessment fee). Some VD-HCBS programs use signed checklists or incorporate Rights and Responsibilities into their manuals and review it verbally with the Veteran. Minimum standard is enclosing the assessment form used, describing a process to administer it in person and educating the Veteran about rights and responsibilities of the program. Can anyone the Veteran wants be a representative? Do you have a screening instrument or another means to tell whether a representative is needed? If a contract entity is doing these tasks, describe contractual or other arrangements and how quality of service will be monitored. Written policy and Veteran educational materials are required before start, or within 60 days of enrolling the first Veteran if an urgent enrollment request is made by the VACO.

3. In VD-HCBS, Veterans must be able to select and manage their own workers and purchase other goods and services as long as they are not duplicative with VA-provided items, and meet the VA Procedures Guidelines. We are looking to see how you will be able to support the Veteran in understanding what may be available and thinking creatively about ways to meet goals. The process for establishing the budget amount and inclusion of safeguards in the spending plan are technical issues that need to be resolved before the program begins between you and the VAMC. The minimum requirement is for the service planning process to center on the Veteran’s goals, with the Options Counselor acting as an advisor on resources available to meet the goals. There needs to be a back-up plan incorporated to help safeguard for an unexpected worker absence. There must be the allowance for a rainy day fund and savings for goods and services if the Veteran wishes to have them. You must also describe how you will maintain knowledge of the community resources a Veteran of any age may want to access as part of his/her plan.

4. The responses for question 4 should reflect local policies/requirements on hiring or pay. The VHA does allow relatives (including spouses) to be paid workers, but restricts representatives from being paid due to the potential conflict of interest. If criminal background or registry checks are conducted with a positive finding, who makes the final decision on hiring? Please describe any policies that apply for you, and what supports you make available for the Veteran in an employer role. The minimum standard is to have policies about qualifications for workers. These can be basic Department of Labor guidelines for age and number of hours, or the program may choose to require criminal

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1Agencies use various terms for the person who works directly with the Veteran to support the development and monitoring of the spending plan. This document will use the term “Options Counselor”.

Revised November 20, 2014
background checks and/or abuse registry checks. Your local region may have laws requiring checks on employees and/or policies on pay and representatives that should be reflected in your policies. How do you systematically train Veterans and/or their representatives to be employers and to manage workers? These items must be incorporated into written policy and Veteran manuals before start, or within 60 days of enrolling the first Veteran if an urgent enrollment request is made by the VACO.

5. Risk mitigation policies as requested in question 5 are the means by which you will assist Veterans and their families to identify and put safeguards into place to reduce dangers to the Veteran. In a self-directed program it is recognized that participants have the right to accept risk for oneself (just as in life in general). The focus is on intervening for severe and imminent safety risks, but mostly in helping the Veteran (or representative) to identify and develop their own plan to manage routine risk factors. A representative may play a prominent role when the Veteran has a significant cognitive disability in the identification and mitigation of risk factors. This section should also discuss involuntary discharge criteria for instances where there is significant risk of imminent harm, fraud, or abuse. The minimum requirement is to have a risk mitigation policy and negotiating process you will use where differences in opinions are significant. It is required to have a written involuntary discharge policy in place and written risk mitigation policy that reflects the right of dignity of risk for the Veteran.

6. Question 6 is attempting to elicit your process for keeping the Options Counselors informed about services actually received and paid by the Financial Management Services (FMS) and how significant differences from planned spending will be addressed. The minimum standard is to have a process in place for communicating actual spending for employees, goods and services, and deviations from planned use of services to the counselor. This policy needs to include how often the plan is evaluated and how an emergency change is triggered.

7. Question 7 regarding your FMS model, monitoring, and communications is intended to identify how the relationship with the FMS is managed. If you will manage FMS functions yourself, you should describe how communication occurs with the Options Counselor. A fiscal/employer agent model is preferred, but at minimum the Veteran will have hiring decision and managing authority over workers as well as the ability to control a flexible budget. A full, detailed FMS Readiness Review will be conducted to be sure that policies are in compliance with IRS, Labor and local regulations and are reflective of Veteran direction.

8. The Quality Management Process requested in question 8 refers to your systemic method of collecting, analyzing, and using information about the program in order to bring about improvement. Some examples of the types of information you might include are program timeliness, surveys, questionnaires, complaints, and incidents. At least part of this information should come from those using the program. Many programs convene a user panel to advise them on quality improvement. The minimum requirement is for a process to collect basic Veteran experience, satisfaction and program timeliness information. There needs to be a written quality plan and system for evaluating data and recommending program changes to remediate problems before the program starts, or within 60 days if the initial enrollment is urgent at the request of VACO.

9. Question 9 asks for your basic administrative infrastructure and processes to manage the program. Are there any restrictions on hiring program staff as the program grows? As the entity signing a provider agreement with the VHA, you will be responsible for all of the program components. An important consideration is also the ability to front payments while waiting for reimbursement from the VHA. Some agencies have found that they could arrange for the FMS to front the payments in exchange for a small addition to their monthly fee. The minimum standard is to have contracts (if applicable) in place and a method to handle retrospective payments. How will workers be
paid while you are waiting for VHA reimbursement? You must also describe how you will know whether the contract workers are meeting the standards you have laid out.

10. The program flowchart (question 10) is to help you identify before you begin where the information flow and decision points exist. The flowchart, like policy documents may need to be changed over time to reflect new knowledge and experience. If you plan a significantly different flow process from this sample (Appendix), you may find it easier to do one from scratch. \textit{The minimum standard is to have a detailed plan for the process of program components in place. This chart is only an example; yours should be reflective of your program policies, structure and forms/materials, and will ultimately require collaboration with the VAMC to finalize.}

Prior to entering into a Provider Agreement, the NRCPDS will facilitate a teleconference with you and the VAMC(s) to review each step of the flow process including timelines, forms, and responsible parties for each step. Staff from the Administration for Community Living and the VA Central Office may be involved in that call.
Veteran-Directed Home and Community-Based Services (VD-HCBS)
Readiness Review for Aging and Disability Network Agencies

Agency: ___________________________ Contact Person: ___________________________
Contact Email: __________________ Telephone: ________________________________
VAMC: ___________________________ VAMC Contact: ___________________________
VAMC Email: ______________________ VAMC Telephone: ________________________

Please review preceding instructions before completing the Readiness Review

I. Required Enclosures (to be submitted with your Readiness Review responses):
   1. Functional Assessment
   2. Spending/Service Plan Template
   4. Veteran Handbook

II. Questions
   1. Experience in Participant Direction
      Please describe your agency’s collective experience with participant-directed programs. Has the
      agency or have staff within the agency directly provided supports for participant-directed
      programs? Please describe training and/or experience you have had with this model of service
      delivery. How will you ensure that all staff involved in VD-HCBS understand the principles of
      participant direction? How will you involve Veterans in the development and/or implementation
      of VD-HCBS?

   2. Intake
      Please describe your process for intake and assessment with Veterans. Please describe timeliness
      of assessments and how you assure a Veteran-centered approach. Please include how you will
      educate the Veteran about his/her rights and responsibilities in order to make an informed choice
      about whether to participate in the program, and how you will work with the Veteran in
      determining whether a representative is needed. What types of information will you obtain from
      the VAMC at intake, and what types of information will you assess yourself? What will the
      Veteran’s role/contributions be to the assessment? If you do not directly do the intakes or
      assessments, please describe your contractual arrangement with the entity responsible and your
      expectations for those tasks and what your monitoring process will be.

   3. Service Planning
      Please describe the service planning process with the Veteran. How is do you learn from the
      VAMC what the budget amount will be? How do you assist the Veteran in knowing what might
      be available and prioritizing in order to select how to allocate his/her budget? Describe how you
      will implement the provision of a flexible spending plan that includes Veteran or Representative-
      selected/managed workers, other goods and services, and opportunities for planned savings and a
      rainy day fund. What kinds of safeguards (such as back-up workers) are built in to the plan?
      How do agency-based services get arranged when needed as a supplement or back up to Veteran-
      directed services? How do you ensure that you are able to inform the Veteran about potential
resources across age groups and types of disability and keep up on new resources? What capacity does the program have for connecting Veterans with potential resources within their community? How are spending plans approved, and who monitors that the Veteran spending does not exceed the budget?

4. **Hiring Workers**
   Are there restrictions on who the Veteran can hire? What is the process for creating the work agreement between the Veteran and employee? What is your process for helping the Veteran and/or Representative learn basic employer skills such as creating job descriptions, interviewing, supervising, and evaluating job performance? Who sets the employee rate of pay? Are there limits on what wage rates can be? Are benefits (vacation, sick time, health insurance, etc.) allowable under the program? What assistance is available to help recruit direct care employees? How are employee training needs identified and then met?

5. **Risk Mitigation and Monitoring**
   Please describe your risk mitigation policy. How do you assure that the Veteran controls decision making, yet risk factors are identified and addressed? What is your policy for representative decision-makers? How will you manage differences of opinion in regard to risk management between a Veteran and your agency? What is your process for incident reporting, or addressing health and safety concerns? How will you monitor the well-being of the Veteran? What are your involuntary disenrollment criteria?

6. **Monitoring the Spending Plan**
   How will the provision of services in the spending plan be monitored? How will the Veteran’s Options Counselor know what services the Veteran actually received, and/or know if a significant underutilization or attempted overspending has occurred? How will such situations be addressed? How will you handle changes in the plan-timelines for plan adjustments/revisions?

7. **Financial Management Service (FMS)**
   What model of financial management services (FMS) will you use? Which parts (if any) are being contracted out with other entities? How do you monitor the FMS functions? How does the communication (spending plans, expenditures, individual issues) flow between the counselor, FMS, and your agency? (Please note that a complete FMS Readiness Review will be done separately.)

8. **Quality Monitoring and Improvement**
   Please describe your quality monitoring process for your VD-HCBS program. How will self-directing Veterans inform the process (such as a user survey)? What information will you track? How will you track that information? How will you use that information to improve your program? Who is responsible for the quality monitoring? How do complaints and incident reporting tie in to your quality monitoring process? How are Veterans and families involved in quality management? How will you ensure that processes/documents are easy to use for Veterans? What role does your Veterans stakeholder group play in ongoing decision making once the program is up and running?

9. **Administrative Processes**
   How will you manage administrative functions including contracts/legal arrangements with program partners, information collection, retention and transmission, billing, and cash flow management? Do you have capital to cover payments until retrospectively reimbursed or have an arrangement to cover these costs with your FMS? What information systems/databases do you
use and how is the information integrated? Are your systems HIPAA compliant where they hold or transmit Veteran information? Are there any restrictions on your being able to hire additional staff as the program grows? Do you retain back-ups of information at a remote site in the event of a disaster?

10. **Flowchart**
    Please create a program flowchart that shows the entire process from referral of a Veteran to invoicing and payment after services have been delivered. Please specify which entity does each task and how information is transmitted at each step. The enclosed sample flowchart may be modified to fit your program, or you may create your own flowchart from scratch.

Prior to entering into a Provider Agreement, the NRCPDS will facilitate a teleconference with the Aging and Disability Network program provider(s) and the VAMC(s) to review each step of the flow process including timelines, forms, and responsible parties for each step.
Enclosure: Sample VD-HCBS Flowchart

This sample flowchart may be modified to fit your program, or you may create your own flowchart from scratch.
Referral
VAMC refers Veteran to Aging/Disability Network (A/DN) with Case Mix Budget amount or requests A/DN to assess for Case Mix Budget amount.

Intake
A/DN contacts Veteran & schedules home visit. Compiles materials (e.g. forms & manuals).

Assessment

Develop Plan
A/DN works with Veteran to develop a spending plan. Helps identify goals and then potential workers and other goods and services. Sends to VAMC.

Plan Authorization
VAMC reviews plan to assure there are no duplications and that items relate to a need because of disability. Sends approval to A/DN. A/DN bills 1 time full admin fee*.

Good Candidate
A/DN documents the Veteran's needs and if needed recommends Case Mix Budget amount.

Employer Paperwork
FMS or A/DN assists Veteran to complete the paperwork to be an employer.

Establish Employment
FMS establishes Veteran as an employer, and processes worker information.

Hiring Assistance
A/DN assists the Veteran in the hiring process: job descriptions, recruitment, interview, and reference checks.

Employee Paperwork
FMS collects required employee information and conducts background checks.

Budget Amount Authorization
VAMC authorizes the budget amount or tier & sends to A/DN.

Establish Employment
FMS establishes Veteran as an employer, and processes worker information.

Plan Distribution
A/DN transmits the authorized plan to the Veteran and to the FMS.

Budget Amount Authorization
VAMC authorizes the budget amount or tier & sends to A/DN.

Employee Paperwork
FMS collects required employee information and conducts background checks.

Establish Employment
FMS establishes Veteran as an employer, and processes worker information.

Hiring Assistance
A/DN assists the Veteran in the hiring process: job descriptions, recruitment, interview, and reference checks.

Plan Distribution
A/DN transmits the authorized plan to the Veteran and to the FMS.

Poor Candidate
Veteran isn’t interested or needs a representative & can’t identify one. Referred back to VAMC. Bill 1 time half admin fee*.

Employer Paperwork
FMS or A/DN assists Veteran to complete the paperwork to be an employer.

Plans Distribution
A/DN transmits the authorized plan to the Veteran and to the FMS.

Budget Amount Authorization
VAMC authorizes the budget amount or tier & sends to A/DN.

Employee Paperwork
FMS collects required employee information and conducts background checks.

Establish Employment
FMS establishes Veteran as an employer, and processes worker information.

Hiring Assistance
A/DN assists the Veteran in the hiring process: job descriptions, recruitment, interview, and reference checks.

Plan Distribution
A/DN transmits the authorized plan to the Veteran and to the FMS.

Budget Amount Authorization
VAMC authorizes the budget amount or tier & sends to A/DN.

Employee Paperwork
FMS collects required employee information and conducts background checks.

Establish Employment
FMS establishes Veteran as an employer, and processes worker information.

Hiring Assistance
A/DN assists the Veteran in the hiring process: job descriptions, recruitment, interview, and reference checks.

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A/DN assists the Veteran in the hiring process: job descriptions, recruitment, interview, and reference checks.

Establish Employment
FMS establishes Veteran as an employer, and processes worker information.

Hiring Assistance
A/DN assists the Veteran in the hiring process: job descriptions, recruitment, interview, and reference checks.
Savings/Emergency Back-up Fund
FMS keeps track of unexpended budget amounts to be applied to approved savings, respite or back-up services.

Payments
FMS pays workers & invoices as in Spending Plan.

Timesheets and Invoices
Veteran submits timesheets and invoices to the FMS.

Initiate Services
Veteran trains workers and begins services as authorized in the Spending Plan.

Reports
FMS sends detailed spending and Savings/Rainy Day Fund reports to Veteran and A/DN.

Monitoring
A/DN monitors Veteran health, safety and outcomes, at least monthly phone contact and quarterly visits.

Reimburse
A/DN submits invoice to the VAMC. VAMC remits payment.

Reassessment
Veteran reassessments and spending plans are done annually or sooner when changes occur.

Detail Back-up
Detail on Veteran spending (pay, taxes, goods and services and savings/emergency funds remaining) are sent to VHA.