

Success Story

Serving Veterans through Collaboration

A Veteran-Directed Home & Community-Based Services Program

A Partnership of the Southwestern Center for Independent Living, the Minnesota River Area Agency on Aging and the Sioux Falls Veterans Administration Medical Center.

Introduction

In 2008, the U.S. Administration for Community Living (ACL) partnered with the Veterans Health Administration (VHA) to create the Veteran-Directed Home and Community-Based Services (VD-HCBS) Program. In the VD-HCBS program, veterans who have needs that require a level of care similar to what is provided in nursing homes have control over a flexible budget that they can use to hire family, friends and others to provide care, as well as purchase goods that help them continue to live in their communities.

The decision to offer the VD-HCBS program is made by the individual Veterans Administration Medical Centers (VAMC). Currently, 64 VD-HCBS programs are operating across the country. In the early rollout of the VD-HCBS program, Area Agencies on Aging were identified as the community-based organizations that met VA qualifications to engage VAMCs in service provider agreements. VAMCs purchase VD-HCBS from 212 agencies in the Aging and Disability Networks, including Area Agencies on Aging, Aging and Disability Resource Centers, Centers for Independent Living and State Units on Aging in 34 states, the District of Columbia and Puerto Rico. These organizations, referred to as VD-HCBS providers, use a participant-directed approach to support each veteran as they decide which goods and services best fit their needs.

This success story examines the VD-HCBS partnership between the Southwestern Center for Independent Living (SWCIL), the Minnesota

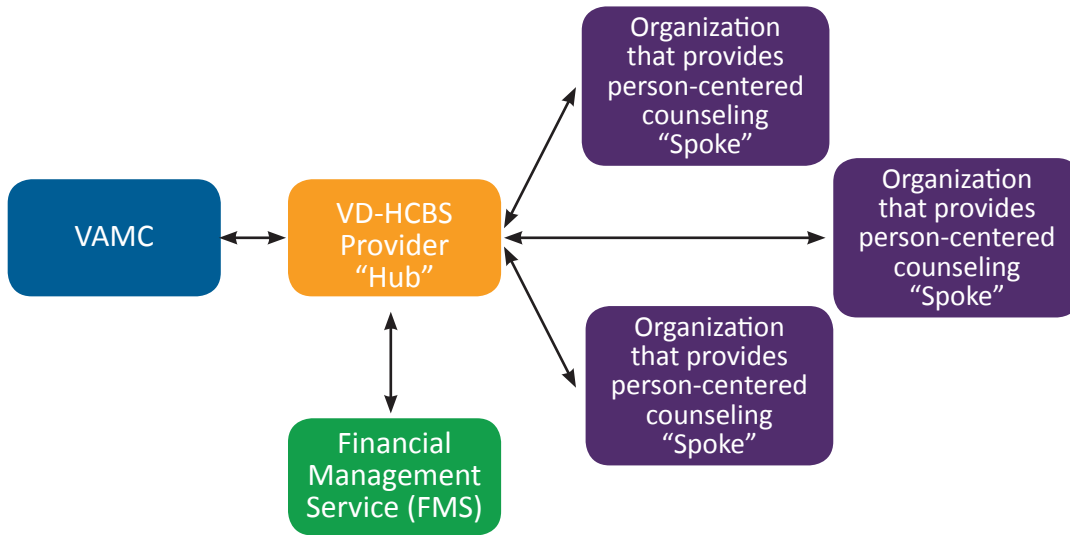
River Area Agency on Aging (MNRAAA) and the Sioux Falls VA Medical Center (Sioux Falls VAMC). Operating as a consumer-controlled nonprofit organization, SWCIL provides training, advocacy and peer counseling, as well as information and referral/assistance to promote independent living for people with disabilities. Centers for Independent Living (CILs) are steeped in the consumer-directed service approach, making them a good fit for the VD-HCBS program. In 2010, MNRAAA, Sioux Falls VAMC and SWCIL built a partnership to serve veterans through a collaboration that continues to serve older adults and people with disabilities.

Foundation and Structure

SWCIL has a long history supporting veterans and their families. In 2007, SWCIL collaborated with the Military Family Assistance Center, the local Veteran Service Officer and the Veterans Healthcare Community Based Outreach Clinic to form the “Rural Veteran Action Team,” which identified gaps in veterans’ service coordination. The team’s work led to an improved referral protocol between agencies with the goal of better serving veterans within the community. In 2010, the Sioux Falls VAMC decided to offer the VD-HCBS Program and to focus on serving veterans living in rural southwest Minnesota.

The Minnesota Department of Human Services identified possible VD-HCBS providers in the region and saw the potential in collaborating with SWCIL due to their service area and experience working with veterans with disabilities.

Hub and Spoke Model



MNRAAA and SWCIL decided to work together using the VD-HCBS Hub and Spoke model in which MNRAAA serves as the “Hub” and holds the provider agreement with the VAMC, manages the administrative responsibilities and subcontracts with SWCIL. In this example, SWCIL serves as the “Spoke” by providing the person-centered counseling component of the program. The use of this model and the collaboration it requires have helped SWCIL better serve rural veterans since 2010.

Operational Components of the VD-HCBS Business Model

VD-HCBS Provider—MNRAAA		
Program Administration: MNRAAA	Sub-agreement for Person-Centered Counseling: SWCIL	Sub-agreement for Fiscal Management Services: MRCI WorkSource / Consumer Directions Inc.
Conducts program management performance	Facilitates veteran-centered assessment	Handles paperwork for veteran’s employees
Conducts quality assurance	Develops monthly budget/spending plan and makes needed adjustments	Receives timesheets and invoices for goods
Performs financial management—billing, accounts receivable, cash flow, budget, accounts payable, quarterly reconciliation with VAMC	Ensures monthly contact with veteran and assists with hiring employees	Pays veteran’s workers, withholds appropriate taxes for veteran and employees
Handles reporting	Conducts reassessments	Files tax information on the veteran’s behalf
Maintains relationship with VAMC	Maintains relationship with VAMC	Issues monthly reports to Program Administrator

Program Processes and Features

VHA Purchased Care HCBS Case Mix and Budget Tool and Person-Centered Assessment

The Case Mix and Budget Tool determines the monthly budget category¹ the veteran can use to pay for care and services at home. When a referral is received from the Sioux Falls VAMC, the SWCIL person-centered counselor visits the veteran in the home to engage in a conversation to assess their needs and to determine whether the assigned case mix is consistent with the veteran's needs.

Following the first visit, the person-centered counselor communicates with the Sioux Falls VAMC VD-HCBS coordinator regarding the case mix and to confirm the veteran's official monthly budget. During the second home visit, the person-centered counselor and veteran complete the Community Support Plan and Budget, which is then reviewed by the Sioux Falls VAMC and MNRAAA. The veteran also decides between two Fiscal Management Services during this visit.

Fiscal Management Services (FMS): The FMS assists the veteran in their role as an employer. The FMS can help with any challenging aspects related to completing payroll, and often assists veterans with paying bills, keeping track of money, filing employee tax forms, reporting on the budget, and ensuring that federal and state rules are followed.



Service and Equipment Needs: After the first home visit, the veteran, usually with the help of their person-centered counselor, determines what mix of goods and services best meets their needs. This includes hiring family, friends and others to provide care.

Examples of service needs:

Hiring a neighbor to prepare a meal, housekeeping, grocery shopping, outdoor chores and caregiver respite

Examples of equipment needs:

Lift chairs, medical alerts, life line and portable ramps

Follow up: The person-centered counselor follows up with the veteran on a monthly basis and is available throughout the month to answer questions and provide support with any changes the veteran would like to make to their plan. Semiannually, the veteran and person-centered counselor meet to ensure the veteran's needs are still being met.

Agencies partnering to meet the needs of veterans: The VD-HCBS team participates in quarterly calls that are facilitated by the Minnesota Department of Human Services. These calls give staff from MNRAAA, Sioux Falls VAMC, SWCIL, as well as both FMS agencies, an opportunity to discuss invoicing, reimbursement status and veteran updates.

1. For published monthly budget rates, see <https://nwd.acl.gov/VD-HCBS.html>.

Lessons Learned

SWCIL's leaders learned several important lessons in launching and implementing the VD-HCBS program that they encourage others that may adopt similar programs to replicate:

- **Educate and define services and process of VD-HCBS:** Veterans and their families are often unfamiliar with self-directed programs and the opportunity to customize the care they receive through the VD-HCBS program or the VA. SWCIL developed a VD-HCBS Program Orientation brochure² that is mailed to the veteran prior to the first home visit.
- **Explain the hiring process to the veteran:** The hiring process can take time and can be frustrating for veterans. Consequently, the FMS now explains the process—that before the VD-HCBS can start paying the veteran's employees, the employees must complete all employment paperwork and pass a criminal background check—to veterans enrolled in the program because it has learned that upfront explanation helps mitigate confusion over delays in payment.
- **Develop multiple strategies to help veterans living in rural areas identify potential employees:** As in many rural areas, veterans in rural southwest Minnesota have few options for home health and home care agencies. The ability for veterans to hire family, friends and others through the VD-HCBS program is an ideal way of addressing these challenges. In response to the difficulty that some veterans can experience when hiring employees, SWCIL has found that ensuring quality person-centered counseling, providing ongoing education, offering supports planners and collaborating with partners involved in VD-HCBS helps resolve these issues.

Conclusion

The goal of the VHA's VD-HCBS program is to allow veterans to control the long-term supports and services they receive, allowing them to fashion independent lives and live in the community as they choose. The provider agreement between the Sioux Falls VAMC and MNRAAA created the opportunity for SWCIL to become a subcontractor and offer the VD-HCBS program. Since 2010, SWCIL has served **21 veterans** through its VD-HCBS program with **seven veterans** currently enrolled. Both agencies are eager to expand the program; however, there remains uncertainty around the feasibility of increasing the caseload at this time. Regardless, the development of the program, and its ongoing collaboration, illustrates how a AAA and a CIL can work together to create a successful VD-HCBS program.

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2. View the brochure online at <https://www.aginganddisabilitybusinessinstitute.org/wp-content/uploads/2018/03/VD-HCBS-Orientation-Brochure-.pdf>.