

Veteran Directed Home Services

Participant Handbook

Table of Contents

Introduction

- What is Veteran Directed Home Services (VDHS)?..... Page 3
- How is eligibility for VDHS determined?..... Page 3
- How will I benefit from VDHS?..... Page 3
- How is my budget determined?..... Page 4
- Can I purchase anything I choose?..... Page 4
- What happens if I don't spend all my budget?..... Page 4
- Can I hire anyone I want?..... Page 4
- How are services and goods purchased?..... Page 4
- How will I know what to do?..... Page 5
- What if I don't want to continue with VDHS?..... Page 5

Meeting Your VDHS Care Consultant

- Intake..... Page 5
- Assessment..... Page 5
- Participant Rights & Responsibilities..... Page 5

Developing Your Participant Spending Plan (PSP)

- Self Assessment..... Page 6
- Choosing Your Services & Supports..... Page 6
- Selecting Your Service Providers..... Page 7
- Emergency Planning..... Page 8
- Finalizing Your PSP..... Page 8
- Making PSP Changes..... Page 8

Working with Your FMS Team to Implement your PSP

- Paying for Services and Supports..... Page 9
- Getting Budget Balance Reports..... Page 10
- Monitoring Your Services & Supports..... Page 10

Filing Complaints and Grievances

- How It Works..... Page 10

Attachments



Introduction

This handbook explains:

- Basic rules of the Veteran Directed Home Services (VDHS) program
- How VDHS works for you

This handbook can be used by Veterans, their families, an authorized representative of their choice and their personal care assistants. It contains the guidelines for how participant-directed care works in the VDHS program.

What is VDHS?

VDHS is a program funded by the VA Puget Sound Health Care System (VA PSHCS) that allows eligible Veterans to receive services in their home and community while managing their own service plan and budget. VDHS is managed by the WA State Department of Social & Health Services, Aging & Disabilities Services Administration (DSHS/ADSA) in partnership with four Area Agencies on Aging (AAA): Olympic Area on Aging, Pierce County Aging & Long Term Care, Seattle/King County Aging & Disability Services, Northwest Regional Council and Sunrise Services, Inc. the VDHS Financial Management Service.

You will have a Care Consultant from the AAA responsible for serving the area in which you live who will provide whatever help you need to create your Participant Service Plan (PSP) and a Financial Management Service (FMS) team that will assist you in managing your service budget.

How is eligibility for VDHS determined?

The goal of VDHS is to allow eligible Veterans to remain in their own homes rather than have to move into a nursing facility to get the care they need. VA PSHCS will determine whether or not you meet the eligibility requirements for VDHS based on medical and functional criteria established by the VA.

How will I benefit from VDHS?

You will be in charge of your support services. You will be able to choose supports and services that fit your assessed needs. Under VDHS you will manage a budget for your services. You'll be able to:

- Create your own Participant Spending Plan (PSP)
- Choose where and when the services are provided
- Choose your personal care assistants and pay them (if personal care is part of your plan)
- Save for needed equipment or vehicle and residential modifications

How is my budget determined?

Your budget is determined by VA PSHCS based upon the medical criteria used to establish eligibility for VDHS and the location where you live.

Can I purchase anything I choose?

You may purchase services or items that address needs identified in the CARE assessment you will complete with your Care Consultant from the AAA, as long as those services or items do not duplicate things that are already covered by your VA medical services or some other funding source. Your purchases must also be within the scope of your budget. Your Care Consultant will help you to identify those services.

What happens if I don't spend my entire budget?

You will work with your Care Consultant to create a Participant Spending Plan based on the budget amount allocated to you by VA PSHCS. Sometimes circumstances occur that prevent a Participant from spending all the budget dollars that have been allocated. VDHS program policies allow a Participant to accumulate unspent dollars up to a maximum of 100% of their total monthly budget to cover emergencies. There is a process in place to return amounts over this maximum to VA PSHCS. Your Care Consultant and Financial Management support staff will help you stay on track with your budget.

Can I hire anyone I want?

If you need help with personal care you may hire family members and friends and neighbors (except spouses, legal guardians or the person you select to serve as your representative in VDHS, if you choose to have one), as well as providers from a home care agency. Individual Providers (the term for family, friends or neighbors) must pass a WA State Department of Social & Health Services (DSHS) criminal background check, establish a contract and receive a provider identification number from DSHS before they can begin providing services to you. They must also demonstrate that they are proficient in the skills required for the specific services that they will provide you with.

How are the services and goods purchased?

Items are usually purchased and paid for by the VDHS Financial Management Services (FMS) team with funds from your account. The FMS will only issue funds from your account after you have approved the purchase in writing.

I've never directed my own support services. How will I know what to do?

Directing your own support services may involve learning new skills, such as managing employees, following regulations and controlling your expenditures. The Care Consultant from the AAA will help you develop your PSP and will be available to help you master the skills required to be successful.

If you feel that making these decisions is more than you can do on your own you can ask someone to serve as your authorized representative in VDHS. Your Care Consultant will then have your permission to work with that representative. If you choose someone to act as your authorized representative in VDHS your Care Consultant will have you sign the *VDHS Designated Representative Authorization form that is included in the Attachments section at the end of this handbook.*

What if I don't want to continue with VDHS?

You may terminate your enrollment in VSHS at any time. If you decide to terminate your enrollment in VDHS you will be referred back to the VA PSHCS.

❖ Meeting Your VDHS Care Consultant

Intake

When the Care Consultant meets with you s/he will explain more details about the VDHS program so you can be sure you want to participate in it. Then your Care Consultant will begin to create a file for you, including recording basic demographic information, familiarizing you with VDHS policies and procedures and having you sign a release of information authorization as well as other documents; copies of which will be given to you. *The VDHS Enrollment Form is included in the Attachments section at the end of this handbook.*

Assessment

As part of the intake, or at another time that you schedule with your Care Consultant, s/he will conduct a CARE assessment with you to learn more about your goals and the things you need help with. The assessment is done on a laptop computer and gathers information about your medical condition, your personal care needs and your preferences about what a caregiver should do to meet those personal care needs. The CARE assessment prints out a document called the Assessment Details that will help you and your Care Consultant move on to the next step of creating your PSP.

The CARE assessment will be reviewed and updated every six months or sooner if there is a significant change in your health or care needs. It will be important for you, your representative or a family member to contact your Care Consultant right away if you are hospitalized or experience a significant change that impacts your care needs.

Participant Rights & Responsibilities

Participants in VDHS take responsibility for identifying their outcome goals and structuring their service plan to achieve those outcomes. You will have support from your Care Consultant and FMS team, but ultimately the outcome is up to you. *A copy of the Participant Rights & Responsibilities form your Care Consultant will ask you to sign is included in the Attachments section at the end of this handbook.*

❖ Developing Your Participant Spending Plan (PSP)

Self Assessment

A self assessment will provide the road map for you to take control of your support services. In order to choose the supports you need, it will be necessary to first identify what is most important to you. In addition to addressing your health and safety, what do you need to help you maximize your independence? The Care Consultant will help you put your vision into words in the self assessment. The CARE assessment will be helpful in capturing information about your strengths as well as your needs. *A sample Self Assessment form is included in the Attachments section at the end of this handbook.*

Choosing Your Services & Supports

The next step is to translate the things you thought about and discussed with your Care Consultant in the self assessment process into your PSP. *A sample of the PSP you will use to create your plan is included in the Attachments section at the end of this handbook.* Your Care Consultant will help you estimate the costs of the services/items that you have identified to meet your needs so they can be prioritized within the budget you have available. You will include things in your PSP that you might be able to get with resources other than VDHS dollars. This stretches your VDHS budget and provides you a more comprehensive plan of what you will be doing to reach the goals you identified.

You can choose to set aside some of your budget dollars each month for a planned purchase. You may want an assistive device or household item that can help meet your goal of increased independence. Your Care Consultant will help you incorporate planned purchases into your PSP.

An important to keep in mind is that any service paid with your VDHS budget must relate to needs identified in your CARE assessment. There may be a time when your Care Consultant denies a request to put a service or item into your PSP because it does not relate to an

identified need. If, after discussion with your Care Consultant, you disagree with his/her perspective you may request a review of the denial with the VDHS liaison at VA PSHCS.

The types of support available from VDHS fall into the following categories:

Personal Assistance Services

Personal assistance includes supports like meal preparation, shopping, housekeeping, bathing, and grooming. They can be performed by an Individual Provider (IP) of your choice or a home care agency.

Treatment and Health Maintenance Supports

A licensed or certified professional healthcare provider, such as a Licensed Practical Nurse or Massage Therapist, usually performs these services. It is important to determine if these services can be purchased with resources from insurance or any other funding source before committing a part of your monthly budget to them. Your Care Consultant can help you make this determination.

Participant-Directed Goods, Services and Supports

This category includes things like humidifiers, orthopedic devices and other equipment necessary for you to be able to function more independently. It can also include services such as advertising for a personal care provider.

Environmental or Vehicle Modifications

This might include adding a wheelchair ramp to your residence or handrails to your bathtub. It could also include adapting your vehicle in order to overcome physical limitations thereby enabling you to meet your own transportation needs.

Training and Educational Supports

This can include training or education for you on relevant health issues or personal skill development; or training for paid or unpaid caregivers related to your needs. The training must relate to a need identified in your CARE assessment.

Family Caregiver Support Services

These supports include services for unpaid family caregivers like respite care, support groups and education on strategies for managing the stress of caregiving to help them continue as an informal support to you.

Selecting Your Service Providers

Your Care Consultant will explain what types of service providers are available to perform the services and supports you have decided that you need/want. Your FMS team will be

the ones who actually assist you to get the providers, services and/or items that are documented on your PSP.

If you include personal care assistance in your PSP you may have someone in mind to provide this service, such as a family member or friend. If this is your choice it will be necessary for that person(s) to meet the DSHS requirements for an IP. Your Care Consultant will help you decide which type of provider will be best suited to meet your particular needs and explain the IP requirements which include a criminal background check. The FMS team will work with your IP to fulfill all the IP requirements the Care Consultant will have explained to you.

Part of the Care Consultant's responsibility is working to make sure that the IP a Participant selects is capable of performing the tasks related to the care needs identified in the CARE assessment. If an IP is unable to perform the care tasks that need to be done or has a criminal background check that reveals information that could jeopardize the health and/or safety of a Participant the Care Consultant will evaluate the information and determine whether or not the IP can be contracted. If a Participant disagrees with a Care Consultant's decision to deny a contract to an IP the Participant can request a review of the decision by the VDHS liaison at VA PSHCS.

Emergency Planning

In developing your PSP you will need to think about the kinds of emergencies that are unexpected but inevitable. If you include personal care services from an IP in your PSP you must have a back-up plan in case your IP is sick or unable to work for some other reason. Your plan might include using unpaid friends or family to help you but you will also be required to put away some money to have available in case you need to use a more expensive home care agency provider temporarily or need keep a service like personal emergency response system (PERS) should you have an unexpected hospitalization. This is sometimes called a 'rainy day fund'.

Finalizing Your PSP

Once you have completed your PSP you (or your representative if you have chosen one) will sign the document and your Care Consultant will forward it to the FMS. The FMS will contact you within a few days to begin working on getting the services and supports you have selected in place.

Making PSP Changes

Sometimes things don't go as planned. If you find that one or more of your services are not providing the supports you need, it may be necessary to change or modify the PSP. Your Care Consultant will check in with you monthly by phone, schedule a visit quarterly to see

how things are going, and review your PSP at each six-month reassessment. You are allowed to make one change to your PSP per month unless you experience some kind of emergency requiring an additional change. But, you can call your Care Consultant at any time to discuss concerns you have about your services.

In the event that you decide that it is necessary to make a change in the services you receive, your PSP will have to be updated. For example, you may decide that if you had a bath rail you would not need an IP to provide bathing assistance. This requires a PSP change to reflect the different use of funds and costs. Or you might decide that you need more hours from an IP or homecare agency. Because this would also result in a change in costs, the language of the PSP would have to be changed.

If you ask your FMS team for help in changing your PSP you will be directed back to your Care Consultant since it is the Care Consultant's job to work with you on developing and modifying your service plan.

❖ Working With Your FMS Team to Implement Your PSP

Paying for Services and Supports

Your FMS team will pay for the services and items you included in your PSP from your monthly budget, either at the time the supports are delivered (such as the purchase of merchandise) or on a monthly basis (such as the purchase of ongoing personal care services). The FMS will not make payment for services or items not identified in your PSP. *The VDHS policy regarding reimbursing Participants for purchases made with their own money is included in the Attachments section of this handbook.*

The FMS will be creating an individual spending account for you. You will be able to begin using personal care services as soon as the IP or home care agency you have selected has completed all the contracting requirements. Your Care Consultant and the FMS team will explain what those requirements are.

Purchases of other services or items other than personal care can only occur once budget funds are received from the VA PSHCS, which will take up to 60 days from the time you enroll in VDHS.

No payments can be issued from your account without your express written authorization. Payment authorizations for hourly IPs will be based on signed time sheets you must provide to your FMS consultant. *A sample of the IP time sheet is included in the Attachments section of this handbook.*

When you sign a Payment authorization you are essentially saying that you are satisfied with the service or goods provided. If there has been a problem with the quality of the service or

it has not been provided as agreed, you must let your FMS consultant know this so that steps can be taken to obtain the service you agreed to.

It is important that you (or your representative if you have one) have a system for tracking your monthly expenses and storing written authorizations for purchases and time sheets. Authorizations and timesheets must be submitted to the FMS in a timely manner.

Getting Budget Balance Reports

Your FMS consultant will maintain records of everything that you authorized and that s/he paid for from your account, including deductions for any planned purchase of equipment or supports you may have included in your PSP. You will receive a formal report of your budget activity and current balance on a quarterly basis but you can ask your FMS consultant about your balance at any time.

Monitoring Your Services & Supports

An important part of the VDHS program is monitoring to make sure that participants are receiving the services and supports they requested and that those services and supports are being provided in accordance with the PSP. You may decide that you are going to do this monitoring for yourself or you may ask a relative or friend to help you with this task. In some cases the Care Consultant or a member of the FMS team, such as the Purchasing Specialist will play the monitoring role. In any case it is important that you and/or your representative work closely with your FMS team ensure that you receive the supports and services you have put in your PSP.

❖ Filing Complaints and Grievances

How It Works

Both the AAA with whom your Care Consultant works and the FMS have written procedures explaining how VDHS participants can lodge a formal complaint about their services in situations where issues of concern cannot be resolved informally. You are encouraged to speak openly and honestly with your Care Consultant and FMS team about any concern related to your VDHS services.

Should there be a situation where you are unable to resolve a problem related to your VDHS Care Consultant or FMS services after using the formal procedures of either organization you may contact the VDHS Program Manager at Aging and Disabilities Services Administration. Your Care Consultant or FMS team will provide you with the contact information.

Veteran Directed Home Services Designated Representative Authorization

I _____ (Participant Name) designate the following person to be my representative in the VDHS Program. My representative is authorized to complete and sign all forms and to meet all documentation requirements of this program. My representative will use the VDHS monthly allowance to authorize the services/supports and items to meet my needs identified in my CARE assessment.

Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Participant's Signature

Date

Witness Signature

Date

(Required if either the Participant or Representative sign with a mark)

Designated Representative Requirements

A Designated Representative is a person that the Participant has chosen or a court of or law has designated to act on behalf of the Participant to direct their service budget to meet their identified health, safety, and welfare needs.

A Designated Representative must:

- Act in the Participant's best interest
- Respect the Participant's preferences
- Maintain regular contact with the Participant
- Be willing and able to meet and uphold all program requirements on behalf of the Participant
- Be at least 18 years old

A Designated Representative CANNOT:

- Be paid for this service
- Be a paid provider for the Participant

I agree to serve as a designated representative for the above named participant and understand my responsibilities and duties under the VDHS program.

Designated Representative's Signature

Date

Veteran Directed Home Services Enrollment-Disenrollment Form

(To be completed by the AAA Care Consultant and sent to VDHS Prog Mgr at ADSA)

PARTICIPANT DEMOGRAPHIC INFORMATION			
Last Name	First Name		
Residential Address	City	County	Zip
Mailing Address	City	County	Zip
Home Phone	Cell Phone		Date of Birth
ENROLLMENT INFORMATION			
Enrollment Date (date veteran agrees to VDHS)		Is Participant using a Representative? <input type="checkbox"/> Yes <input type="checkbox"/> No	
VA PSHCS Approved Budget Amount \$			
Representative's Name:	Home Phone:	Cell Phone:	
DISENROLLMENT INFORMATION			
Disenrollment Date			
Reason for Disenrollment:			
<input type="checkbox"/> No longer need/want services	<input type="checkbox"/> Lost VDHS eligibility due to improved functional status		
<input type="checkbox"/> Moved to AFH	<input type="checkbox"/> Not able to effectively manage/direct spending plan		
<input type="checkbox"/> Moved to BH	<input type="checkbox"/> Deceased		
<input type="checkbox"/> Moved to NH	<input type="checkbox"/> Hospitalized for 15 or more days		
<input type="checkbox"/> Relocated out of the area	<input type="checkbox"/> Other		
If Participant moved to AFH/BH/NH, please indicate the reason for facility placement (check all that apply):			
<input type="checkbox"/> Fall/acute medical need	<input type="checkbox"/> CG has health problems		
<input type="checkbox"/> CG cannot meet CR personal care needs	<input type="checkbox"/> CG has other responsibilities		
<input type="checkbox"/> CG cannot meet CR behavior care needs	<input type="checkbox"/> Other		

Veteran Directed Home Services Participant Responsibility Agreement

1. Provide the Care Consultant enough information to assess your needs.
2. Direct and participate in the creating your Spending Plan.
3. Make sure your Spending Plan addresses the needs identified in your assessment.
4. Hire only qualified care providers (called Individual Providers in the contract).
5. Supervise your IPs and let them know what you expect from them.
 - ✓ Arrange work schedules
 - ✓ Verify the hours IPs have worked
 - ✓ Locate a back-up care providers in case your IP can't work
 - ✓ Replace an IP who you terminate or who resigns
6. Communicate clearly and seek the advice of your Care Consultant and Financial Management Services team as needed.
7. Purchase only what is listed in your Spending Plan.
8. Send all required financial information/documents to the Financial Management Service in a timely manner.
9. Adhere to your backup plan for essential services in case emergencies or unforeseen circumstances as defined in your Spending Plan.
10. Notify your Care Consultant of all admissions into a hospital, nursing facility or other residential facility.
11. Report changes in your contact information (address, phone, email).

Participant

Date

Care Consultant

Date

VDHS Participant Self Assessment Form

You decide what services and goods/items you need to best meet your care needs including who will provide those services. The following worksheet will help to develop your participant spending plan.

Need identified in CARE assessment	What services/item will help me?	Who will help make this happen? (self, friend, consultant, etc.)	How Often/How Long/How Many?	Will this be a purchase from my budget? Y/N

You can choose another person in your life to help you make decision regarding your spending plan if you want. Do you have someone you want to appoint as your representative decision maker?

_____ No _____ Yes If yes, the Representative is _____

Have you thought about what you do in case there is an emergency, such as staff not showing up for their shift, sudden illness?

VDHS Participant Spending Plan

Veteran Participant's Name:										Monthly Budget Amount	
										\$	
Date Service Added to PSP	Addressed Need	Service Category	Service/Support/Item	Provider	Start Date	Covered by another source of funds? (Y/N)	Units	Rate/Cost	Total Monthly Cost	Monthly Budget Balance	End Date
	Gov't Fiscal Agent	N/A	N/A	ADSA			mo	\$50	\$50		ongoing
	Care Consultation	N/A	N/A	AAA			mo	\$204	\$204		ongoing
	Financial Management Service	N/A	N/A	Sunrise Services			mo	\$60	\$60		ongoing

Emergency Backup Plan:

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Veteran Participant/Representative Signature:		Date:
Care Consultant Signature:		Date:

Reimbursing VDHS Participants for Planned Purchases Identified in the PSP

Purpose:

A Participant always has the option of the Financial Management Service (FMS) purchasing all services/goods on their behalf. The purpose of this document is to define the criteria and the process for reimbursing a Participant/ representative who uses his/her own funds to make purchases identified in the Participant Spending Plan (PSP). The intent is that this option will be used only for relatively small, routine purchases (e.g. over-the-counter medications, personal health, hygiene items and household items) at those retail stores where the time and complexity of establishing and using a contract to reimburse the vendor is impractical.

Criteria:

1. The Participant's intent to use their own resources to purchase small items like over-the-counter medications, personal health, hygiene items and household items that relate to needs identified in their CARE assessment must be documented in their PSP .
2. The maximum that can be reimbursed to a Participant directly for such purchases is \$100 per month. An exceptional need that requires a Participant purchase more costly than \$100 must receive prior approval from the VDHS Program Manager.

Process:

1. The Care Consultant/Manager (CCM) will assist the Participant to create a PSP that includes an allotment for such small purchases.
2. The FMS will reimburse the Participant when the Participant submits receipts for the items purchased up to a maximum of \$100 per month. If the FMS has any concerns regarding the appropriateness of the purchase in relation to the care needs documented in the Participant's assessment they should address the issue with both the Participant and the CCM.
3. The FMS will maintain all records of reimbursements made directly to the Participant along with the supporting documentation for audit purposes.

Veteran Directed Home Services Program
INDIVIDUAL PROVIDER TIME SHEET

(Please return completed forms to VDHS FMS)
 17962 Midvale Ave N. Ste. 232 Shoreline, WA 98133
 Phone: 206-533-1486 Fax: 206-533-1621

INDIVIDUAL PROVIDER'S NAME				CLIENT/EMPLOYER NAME						MONTH				YEAR		
Day of Month	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
A TIME SERVICE STARTS																
B TIME SERVICE ENDED																
C TOTAL HRS EACH DAY																
D MILEAGE																
Day of Month	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	TOTALS
A TIME SERVICE STARTS																
B TIME SERVICE ENDED																
C TOTAL HRS EACH DAY																
D MILEAGE																

CHECK TASKS PERFORMED EACH MONTH

- | | | | | | |
|-----------------------------------|---|---|---|---|--|
| <input type="checkbox"/> Transfer | <input type="checkbox"/> Transport to Medical | <input type="checkbox"/> Bed Positioning | <input type="checkbox"/> Toileting | <input type="checkbox"/> Dry Bandage Change | <input type="checkbox"/> Medication Management |
| <input type="checkbox"/> Eating | <input type="checkbox"/> Personal Hygiene | <input type="checkbox"/> Walking/Locomotion | <input type="checkbox"/> Toenails Trimmed | <input type="checkbox"/> Wood Supply | <input type="checkbox"/> Passive Range of Motion Treatment |
| <input type="checkbox"/> Dressing | <input type="checkbox"/> Bathing | <input type="checkbox"/> Meal Preparation | <input type="checkbox"/> Housework | <input type="checkbox"/> Essential Shopping | <input type="checkbox"/> Application of Lotion/Ointment |

Instructions

- | | |
|---|--|
| A. Enter time service began- indicate AM or PM. | C. Enter total hours worked each day. |
| B. Enter time service ended- indicate AM or PM. | D. Mileage: All miles traveled transporting or shopping for a client when authorized per SSPS. |

Individual Provider's Signature:

Client Signature:
