



Washington State Veteran Directed Home Services Program (VDHS)

Policies & Procedures October 2014

A Partnership that includes: Washington's Department of Social & Health Services, Aging & Long-term Support Administration, Veterans Administration (VA) Puget Sound Health Care Network, Portland VA Medical Center, Spokane VA Medical Center, Walla Walla VA Medical Center, Washington State's thirteen Area Agencies on Aging, and Public Partnerships, LLC.

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Framework for Participant-Directed Service Programs in Washington State

What Participant Direction Is

Participant-direction is a service delivery model used to provide long-term care services and supports to participants living at home. This model allows participants greater decision making authority over their services and supports. There are two major features of participant-direction: **employer authority and budget authority**. A participant-directed program may include one or both of these features. As a result, there are variations in the level of participant direction that may be available in any given program.

Washington State has long offered self-direction as a core component of its traditional programs by offering employer authority options for consumers to hire a family member or friend as an Individual Provider. Participant-direction is also referred to as “consumer-direction” and “self-direction”. The terms are often used interchangeably and “Participant Direction” is the primary term used to describe the programs in Washington State which include **both** employer and budget authority in their program design. These programs are the New Freedom Medicaid 1915c waiver program in King and Pierce Counties and the Veteran Directed Home Services (VDHS) Program, available to eligible veterans statewide.¹

Participant-direction is a service model that empowers public program participants and their families by expanding their degree of choice and control over the long-term care services and supports they need to live at home. Many consumer-directing program **participants** (hereafter participants) share authority with or delegate authority to family members or others close to them. Designation of a **representative** enables adults who, for whatever reason choose to have someone else assist with decision-making and minor children to participate in participant-directed programs.

Participant-direction represents a major paradigm shift in the delivery of publicly funded home and community-based services (HCBS). In the traditional service delivery model, decision making and managerial authority is vested in professionals who may be either state employees/contractors or service providers. Participant-direction transfers much (though not all) of this authority to participants or their designated representatives.

How Participant-Direction Works

Participant-direction has two basic features, each with a number of variations. The more limited form of participant-direction—which the Centers for Medicare & Medicaid Services (CMS) refer to as “employer authority”—enables individuals to hire, dismiss, and supervise individual workers (e.g., personal care attendants and homemakers). The comprehensive model—which CMS refers to as “budget authority”—provides participants with a flexible budget to purchase a range of goods and services to meet their needs. In actual practice, the term “budget authority” generally refers to both hiring workers (employer authority) and making purchases through an individual budget (budget authority).

Choice is the hallmark of self-direction and this includes the choice not to direct and to direct to the extent desired. Program designs should permit individuals to elect the traditional service model if participant-direction does not work for them.

¹ The VDHS program is expanding statewide during Federal Fiscal years 2014 and 2015.
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A core feature of participant-direction is the choice and control that participants have in regard to the paid personnel who provide personal assistance services. This is because almost all participants receiving HCBS receive personal assistance services and, for many, this is either the only or the primary service they use. This core feature of participant-direction is an option in all DSHS/ALTSA programs and has been for many years.

At a minimum, participant-direction programs allow participants or their representatives, the employer authority to hire, manage, and dismiss their workers. This includes recruiting job candidates; interviewing applicants and checking their references (if applicants are not already well known to the participant); deciding whom to hire; setting or negotiating workers' schedules and training needs; assigning tasks to workers; supervising and evaluating the quality of workers' job performance; and deciding to dismiss (at will) workers whose performance is unsatisfactory. In participant-direction programs, participants must have a role in paying workers by, at a minimum, approving timesheets

Although other states' programs allow participants to set wages and benefits, in Washington State these areas are negotiated through the collective bargaining process. Participants abide by the collective bargaining agreements with the union representing participant-directed workers.

Under the budget authority model, participants have additional flexibility to use their monthly services budget not only to hire individual workers but also to purchase other goods and services to meet their disability-related needs. These other goods and services may substitute for human assistance or otherwise enhance their independence; they typically include assistive technologies and home modifications, transportation services, laundry services, meal services, personal care supplies (e.g. incontinence pads), and uncovered prescription and non-prescription drugs. Assistive technologies can also address health and safety needs and can play an important role in risk management. Participant-directed goods and services typically include items that would not be covered in "traditional" programs and may also be purchased from non-traditional sources. Many HCBS waiver programs deliberately limit the range of covered services to control costs.

Research indicates that the types of goods and services purchased with individual budgets often are not otherwise available even in generous HCBS waiver programs because they reflect individualized needs and preferences; for example, the purchase of a microwave oven to reduce reliance on workers to prepare meals.

Supports for Participant-Direction

Many individuals need information, coaching and assistance to participate in self-direction programs. This role is often identified as care consultation. The care consultant provides information, coaching and assistance to ensure that the participant and/or representative thoroughly understand the benefits and responsibilities of participation. The care consultant also assists the participant and/or representative to learn how to determine needs and potential solutions to meet those needs while developing the participant spending plan and to address other care concerns as they arise.

The amount of time given to care management in relation to less intensive care consultation support can vary from program to program. In Washington's VDHS program, care consultation requires that the Care Consultant (CC) be available to a participant and/or their representative to provide more frequent support to problem solve issues and services as needed.

Almost all participant-direction programs provide support with financial management tasks. Financial management services (FMS) generally include procuring contracts with and paying all service providers (including personal care providers) and managing billing and payment for other goods and services used

by the participant. Unlike most other states where the FMS performs all the employer functions for personal care services (tax withholding, employee benefits and payroll) the FMS for Washington's Veteran Directed Home Services program does not complete any of the duties around contracting or authorizing personal care services. The FMS does provide all other billing and payment services on behalf of VDHS participants in.

Representatives in Participant-Direction

Washington's VDHS program supports a participant to use a representative to assist them in managing and directing their services and budgets. Representatives can ensure that participants' preferences are known and respected and can manage tasks that participants would carry out if they were able. Representatives are surrogate decision makers for those who choose or may need some or total assistance to direct their services. These individuals are capable of expressing preferences, but may need or want assistance to manage their services and budget. In Washington a Representative cannot also be a paid provider under the Participant's Spending Plan.

The reference for this framework: [Developing & Implementing Self-Direction Programs and Policies: A Handbook](#), May 2010, a publication of the National Resource Center for Participant Directed Programs (NRCPDS).

What is the Veteran Directed Home Services Program?

VDHS serves Veterans of any age that are at risk of nursing home placement and their family caregivers. This program provides Veterans the opportunity to receive home and community-based services to enable them to continue to live in their homes and communities. These services are coordinated and delivered by the participating Area Agencies on Aging throughout the state.

For a Veteran to qualify for VDHS, s/he must first be enrolled to receive primary care at a participating VA Medical Center or clinic, have a VA primary care team, meet the eligibility criteria for home and community-based services as determined by the VA, and receive a referral from the VDHS Coordinator at VA Medical Center.²

The goal of VDHS is to provide increased flexibility and access to home and community-based services that enable a Veteran to remain in the community. This program offers a Veteran access to an assessment that will identify his or her needs and preferences. An individual budget and spending plan is developed based on the Veteran's assessed needs and preferences and includes goods and services (including hiring and managing employees) that will best meet the identified needs. This spending plan must be approved by the Area Agency on Aging and the VA Medical Center (VAMC).

Public Partnerships, LLC. (PPL) provides financial management services to Veterans participating in VDHS. While the FMS provides procurement, contracting and bill paying services, Veterans have complete control over what services and/or goods are purchased as part of their spending plans as long as there is consistency between the services/goods and assessed needs.

In keeping with the participant-direction model of VDHS, Veterans will be referred to as 'Participants' in the remainder of this document.

² Statewide expansion is expected to be completed by September 2015. As of the time of this publication, only the VA Puget Sound Healthcare System is offering the program.

Section I: VDHS Program Service Principles

1. VDHS services foster respect, dignity, and a sense of well-being for the Participant.
2. VDHS services respect a Participant's rights, strengths, values, privacy, and preferences, encouraging them to direct his or her own plan of care and services to the fullest extent possible.
3. VDHS services respect individual self-determination, including the opportunity for the Participant to decide whether to participate in a program or activity.
4. VDHS services are provided as part of a comprehensive and individualized plan of care that is developed in collaboration with the Participant to address identified needs. All VDHS services are coordinated with other services including those available to the Participant from the VA Medical Center.
5. VDHS services are provided in an efficient manner, preventing duplication of services, unnecessary costs, and unnecessary administrative tasks. VDHS attempts to maximize the benefits and services available to all Participants.
6. VDHS services will not be used to secure improper or inappropriate gain for the provider, provider staff, family members, or any other person involved in the Participant's care.

Section II: VDHS Program Goals

1. The Participant continues to reside in the community living setting of their choice.
2. The Participant's optimal level of functioning and independence is achieved or maintained.
3. The Participant is satisfied with services.
4. If applicable, a Participant's unpaid caregiver receives relief from care giving responsibilities, as well as education and support to continue providing care and is satisfied with these services.
5. Services are provided efficiently and without duplication of other available services.

Section III: VDHS Eligibility and Referral Procedures

A. Eligibility

1. To be eligible for VDHS, a Veteran must first be enrolled in the VA Medical Center, have a VA primary care team, meet the eligibility criteria for the home and community based services as

determined by the VA, and receive a referral from the VA Medical Center to the Area Agency on Aging in his/her service region.

2. If the AAA wishes to refer a Veteran to the program, the AAA must contact the VDHS Coordinator at VA Medical Center to establish whether he or she is currently enrolled. Medical Center The potential VDHS Participant must have a primary care provider (PCP) in the VA Medical Center. If the Veteran is not enrolled in the VA Medical Center, then AAA will connect the Veteran to the VDHS Coordinator at VA Medical Center to pursue enrollment.
3. The VA Medical Center is responsible for determining a Veteran's eligibility for the VDHS Program, explaining the intent and purpose of VDHS, obtaining consent from the Veteran to participate, and establishing the budget amount to be allocated for each Veteran participant.

B. Referral Process

1. Once deemed eligible, the VA Medical Center Coordinator will use the VDHS Communication Form (*Appendix J*) to refer the Veteran, based upon town of residence, to the appropriate AAA partner.
2. The designated AAA contacts for VDHS referrals are identified in the VDHS Contact List (*Appendix A*) included in to these program guidelines. In AAAs where more than one person is identified as the VDHS contact the VA Medical Center's VDHS Coordinator will notify appropriate contact(s) per agreement with the AAA to ensure timely AAA response.
3. The VA Medical Center VDHS Coordinator will send the AAA basic demographic information about the Veteran including: name, age, address, phone, Veteran Directed Consult Report, the release of information (ROI) form, the budget amount available to the Veteran and any other relevant information.
4. Along with the referral information outlined above, the VA Medical Center Coordinator will share with AAA what formal services the Veteran is currently receiving from the VA and what, if any, services will continue to be provided by that system in addition to whatever the Veteran may receive as a participant in VDHS.
5. Upon receipt of referral, the AAA Care Consultant will make contact within 3 business days to schedule a visit with the Veteran (most likely in her/his home). The home visit will include assessments of the Veteran's needs and those of an unpaid caregiver should there be one involved. The process will begin to identify the Veteran's needs and preferences for services in the community.
6. At the point of referral to the AAA, the VDHS Coordinator will send the Veteran's name, SSN , Date-of-Birth, OIF/OEF/OND status, county, budget amount, and date of referral to the ALTSA VDHS Program Manager . The ALTSA VDHS Program Manager will input the SSN into the database along with the Veteran's demographic information (upon receipt of the Enrollment Form from the AAA Care Consultant) to be used as a verification of participants' eligibility to receive VDHS services reflected in the monthly billing to the VA Medical Center and ALTSA Accounting staff.

C. Communication with VDHS Partner Agencies

1. The VA Medical Center will keep the CC and FMS informed of a VDHS Participant's status should anything change within the VA health care system that impacts eligibility or access to services. See *Appendix A* for a current list of VDHS partner agency contacts.
2. If aware, the VA MC VDHS Coordinator will notify the other VDHS partner agencies, including ALTSA, of a Participant's hospitalization at either the VAMC or a community hospital, via VDHS Communication Form (*Appendix J*). Note: Due to data security concerns, the State of Washington Secure Email Portal will be the only method of emailing participant-specific information.
3. A Veteran's SSN provided to the VDHS Program Manager at ALTSA by the VA Medical Center Coordinator at the point of referral will be used only for billing and IP payment purposes. The Veteran's VDHS ID number will be the ALTSA ID number auto-generated when a CARE record is created. This VDHS/ALTSA ID number will be used on the Communication Form (*Appendix J*) and in any other written communication. The FMS ID number is used for communications with PPL.

Section IV: VDHS Care Consultation

A. Orientation to Participant-Direction & Enrollment

1. The AAA Care Consultant (CC) will meet with the Participant/Representative, and others whom the Participant may wish to be present, to explain what participant-direction involves. It is important that the Participant/Representative understand the responsibilities involved in self-directing services.

Topics to be addressed include:

- CC, FMS and Participant roles;
 - Participant's option to select a Representative for decision making in VDHS;
 - Relationship between the assessment and the Participant Spending Plan (PSP);
 - Process and frequency for reassessments;
 - Process for changing the Participant Spending Plan (PSP);
 - Choice of services and providers, including family caregiver support if appropriate;
 - Participant rights and process for resolving grievances;
 - Risks and responsibilities associated with participant-direction and decision making, including helping the Participant understand their role as an employer should they decide to use personal care services;
 - Resources and supports for unpaid caregivers if applicable.
2. If, upon learning more about VDHS, a Veteran/Representative decides that he/she does not want to manage their own budget, refer the Veteran back to the VA MC and notify the VDHS Program Manager at ALTSA by sending the Communication Form (*Appendix J*) via encrypted email.

3. If, during the orientation conversation or anytime thereafter, the Veteran selects a Representative for decision-making have the Veteran sign the VDHS Designated Representative Authorization (*Appendix Q*).
4. If/when the Veteran decides to participate in VDHS the CC will complete the Demographic and Enrollment sections of the VDHS Enrollment/Disenrollment Form (*Appendix H*) and the VDHS Consent Form (*Appendix R*) and then forward the VDHS Enrollment/Disenrollment Form to the VDHS Program Manager at ALTSA via encrypted email within 5 business days from date of enrollment. The VDHS Program Manager will retrieve the ALTSA ID number from the Participant's CARE assessment and enter the Veteran Participant into the data tracking system maintained at ALTSA to meet local and federal reporting requirements.
5. The enrollment date recorded on the VDHS Enrollment/Disenrollment Form will be the first time the CC meets face-to-face with the Participant and he/she agrees to participate in the program. This is the date that will be used for billing the VA MC for reimbursement. If the CC arrives to conduct the scheduled home visit and discovers that the Participant is not available for the visit that date can still be used as the enrollment date for billing purposes. The AAA administrative fee will start on the date of referral from the VA MC; the participant's budget, as well as the FMS and ALTSA administrative fees will start on the date of enrollment.

B. Assessment in VDHS

1. The CC will interview the Participant/Representative using the CARE Brief Assessment which has been modified to add VDHS to the program options menu on the Care Plan screen. The goal of the assessment process is to identify and document the Participant's needs, goals and preferences which provide the foundation for the PSP. The CC will ensure the following items are included in the a completed brief assessment:
 - a. Referral source
 - b. Demographic data (Age, Gender, Ethnicity)
 - c. Marital status
 - d. Living Arrangement
 - e. Functional Status (Complete all fields on every ADL Screen)
 - f. Brief Assessment Mandatory ScreensThe Triggered Referrals screen along with the Participant's goals identified in the Pre-Transition & Sustainability section will help the Participant/ Representative 'distill' all the information gathered in the assessment to prioritize services in the PSP.
2. During the interview, the CC will complete the VDHS Case Mix Assessment (*Appendix I*) that substantiates the budget authorization.
3. The CC will provide a copy of the CARE Brief Assessment Details, the VDHS Case Mix Assessment, and the signed PSP to the Participant/ Representative. If Skin Observation Protocol appears in the Critical Indicators List on the Triggered Referrals screen include the VDHS Skin Integrity Letter and the accompanying enclosures (*Appendix S.i, ii & iii*) along with the Assessment Details and follow-up with the Participant/Representative to answer any questions. Explain how Assessment Details can serve as a job description for their IP or agency worker.

4. Copies of the CARE Assessment Details and case mix assessment form must be provided to the VA MC VDHS Coordinator. When the PSP is completed in portal, the Care Consultant will notify the VA MC Coordinator for review.
5. If the Participant has a friend or family member who is currently providing unpaid care and they plan to continue as an unpaid caregiver, the CC should explain the purpose and value of the TCARE assessment process and offer it as a tool to determine the stress/burden/depression level of the caregiver and what supports would be recommended to address those needs. Then, based upon the results of the TCARE assessment the Participant can decide what, if any, family caregiver support services he/she wants to include in the PSP.
6. After a Participant's first CARE Brief assessment the CC agency will make telephone contact at least monthly with a face-to-face visit by the CC required at least quarterly, unless alternate options are approved by the VAMC.
7. Full reassessments will be conducted in person on a semi-annual basis (unless there is a significant change in the Participant's condition that warrants a full reassessment sooner) for the purpose of confirming continuing VDHS eligibility. The CC will provide the CARE Service Summary, the VAMC Case Mix Assessment and a brief progress note narrative to the VAMC VDHS Coordinator to make ongoing eligibility decisions.
8. If a full CARE Brief Assessment is completed due to a significant change in the Participant's condition the next semi-annual assessment due date will be adjusted based on that re-assessment date.
9. At each assessment and reassessment the CC will check ACES to ensure that the Participant is not eligible for Medicaid. If the CC discovers that the Participant has become eligible for Medicaid since the last assessment/reassessment, the participant should be encouraged to transition to Medicaid long term services and supports. If the participant is interested in Medicaid, CC should contact the VDHS Coordinator to coordinate disenrollment from VDHS

C. Creating the Participant Spending Plan

1. The PSP documents how the Participant will spend his/her VDHS budget to address the needs identified in the CARE Brief Assessment. The CC and Participant, along with whoever the Participant asks for support, will develop the PSP based upon the individual budget determined by VA Medical Center. The VDHS Participant Self-Assessment (Appendix K) and the VDHS Participant Spending Plan (Appendix L) are tools the CC will use to assist the Participant to complete this process.

The CC will be responsible to coordinate with the VDHS Coordinator at VA Medical Center to ensure that any and all benefits available through the VA Medical Center are used prior to spending the Participant's VDHS budget. Likewise, there may be other aging network or community resources available at little or no cost to the Participant that should be accessed prior to spending the VDHS budget (e.g. home delivered meals).

With the goal of creating a comprehensive PSP that captures all the ways a Participant's needs are being addressed, the CC should encourage the Participant/Representative to include services/goods purchased with other funding sources in the plan.

2. The PSP will have the following six categories. The services referenced in each category are meant to be examples and do not constitute an 'approved list'. See *Appendix O* for a representative list of the types of services that can be available to VDHS Participants. This list is not meant to be an exhaustive nor prescriptive list. CCs are encouraged to work with Participants to think creatively of the types of goods, services and supports that will best meet needs identified in the CARE assessment. A list of allowable and unallowable expenditures can be found in Appendix P.

- a. **Personal Assistance Services:** The Participant determines how many hours of personal assistance s/he wants to use to meet the ADL and/or IADL needs identified in the CARE assessment. S/he also has the choice of an Individual Provider (IP) to perform those personal care services. The role of the CC in determining IP character, competence and suitability in VDHS is the same as that of a case manager in Medicaid personal care services.

A home care agency may be used for routine respite or to cover care between IP availability but cannot be used long-term (greater than 60 days) for the majority of care being provided. If a Participant wants to use a home care agency to provide respite or personal assistance the CC will provide information on home care agencies currently contracted with the AAA to assist them making a selection. A Participant who has used home care agency services funded by a traditional VA Medical Center program prior to referral to VDHS can continue to use that VA contracted home care agency if the agency has a current Medicaid contract with the AAA. Upon enrollment into VDHS, the VA Medical Center can continue to pay for the agency services up to a maximum of 90 days.

- b. **Treatment and Health Maintenance Supports:** The Participant may choose from a variety of services that are typically performed or provided by people with specialized skill, certification or licenses. These include such services as specialized health care, extended therapeutic treatment; dental, vision or audiology services; culturally and linguistically sensitive primary or preventative health care and adult day health services.
- c. **Participant-Directed Goods, Services and Supports:** Participants may choose services, equipment, supplies and other supports that allow them to function more independently, increase safety and welfare, or increase their capacity to perceive, control or communicate with their environment. Examples of services in this category include: environmental supports (e.g. snow removal, heavy cleaning); assistive technology, supplies, equipment as well as maintenance and repairs; adaptive clothing; special diets and home delivered meals; trained service animals and related costs; emergency response equipment and services; household items that reduce a Participant's need for hands-on assistance and increase independence; and transportation above and beyond what is allowable for the IP per the collective bargaining agreement. Many assistive items can be provided directly by the VA, so VA Medical Center Coordinator must be contacted to determine if items can be approved or if the participant should be referred to their primary care provider to request the item.

- d. **Environmental and Vehicle Modifications:** Participants may choose to include in their PSPs modifications to their residence or vehicle to accommodate their disabilities and promote functional independence, health, safety and welfare. Some examples of these services are: installation of ramps and grab bars; widening doorways and bathroom modifications; specialized equipment; installation of electric and plumbing systems required to accommodate medical equipment needed due to a particular disability; specialized accessibility and fire safety adaptations; and vehicle modifications. Many of these modifications can be paid for directly by the VA, so VA Medical Center Coordinator must be contacted to determine the participant's status with these other benefits, prior to approval for modifications.
 - e. **Training and Educational Supports:** A Participant may choose to spend VDHS budget monies on training or education on his/her health issue or an area of personal skill development for him/herself. Additionally, he/she may use budget monies to pay for enhanced training for caregivers around specific health or personal care issues.
 - f. **Family Caregiver Support Services:** A Participant may choose, based on the results of a TCARE screening/assessment, to set aside some of their budget to address the needs of their unpaid family caregiver. Services might include support groups, counseling, education on strategies for managing the stress of caregiving, and respite care.
3. When a service or item to be purchased is identified on the PSP, the CC will ask the Participant to be specific about the service/item and to name the preferred provider/vendor they want to provide it. The name, address and telephone of the preferred provider will be included in the PSP for the FMS to use in qualifying the provider and acquiring the service/item for the Participant. If the Participant needs some assistance in determining where and from whom the service/item will be purchased, the CC will provide that assistance.
 4. It is strongly recommended that the participant save a portion of each month's budget to accrue funds for unplanned (e.g. emergency respite) or future planned purchase(s). The CC can assist the participant in developing a reasonable monthly amount to be accrued: 5% is suggested as a starting amount. This information needs to be included in the PSP. See the *Appendix C* for specific procedures related to using accrued budget funds for unplanned and planned purchases.
 5. When the PSP is entered into portal and signed by the participant, the CC will send copies of the CARE Brief Assessment Summary and Details, the PSP, and case mix assessment form to the VDHS Coordinator at the VA Medical Center.
 6. The CC Agency will contact the Participant monthly throughout the service year to monitor the effectiveness of the PSP in addressing the Participant's identified needs, provide consultation, community referrals and problem solving support.
 7. The CC will revise/update the PSP upon receiving a request from the Participant for some alternative or additional service/item related to needs identified in the CARE Assessment within the limits of the service budget. The Participant can request a PSP change by calling their CC. The CC will notify the FMS of changes to the Goods and Services portion of the PSP vis-à-vis SSPS and authorizations in portal.

8. The CC may deny a Participant's request to purchase a service or item if s/he determines that the particular service or item is clearly unrelated to any need identified in the PSP. Inform the Participant of the denial by telephone or in person and let him/her know that a review by the VDHS Coordinator at VA Medical Center is available and provide the telephone number.

Quarterly CC face-to-face visits will include a review of the PSP with updates if needed. Upon completion of the quarterly visit the CC will send a Communication Form to the VDHS Coordinator notifying them of the visit. If any change is made to the PSP, the updated PSP, with the participant's approval signature, must be attached. Send the PSP to the Participant for signature if any change was made and then forward a copy to the VDHS Coordinator.

9. All revisions/updates, whether done with verbal approval by phone or during a face-to-face quarterly visit, must be documented with the date approved by the Participant in the first column of the PSP (*see Appendix L*).

D. Contracting with and Authorizing Individual and Agency Providers

1. Contracting individual providers for participants in the VDHS program follow the same requirements as Medicaid programs. Prior to processing a denial of an individual provider, the CC must staff with both the AL TSA VDHS Program Manager or designee and the VAMC liaison. The CC Agency is responsible for completing the contracting for the participants chosen individual provider, including but not limited to: processing background checks, completing the Character Competency and Suitability form (*see Appendix B.ii.*), completing the individual provider contract in the Agency Contracts Database (ACD), notifying the provider of the training requirements, providing safety and orientation training materials and providing union information to the IP's.
2. Contracting for homecare agencies for VDHS participants is the same as Medicaid programs. Procurement of homecare agency contracts will follow the schedule the AAA currently has and will not in any way alter that schedule. AAA's will need to ensure they are using the most current homecare agency statement of work language when contracting with the homecare agencies to ensure the VDHS program is noted.
3. Authorize for both individual and homecare agency providers using SSPS. The codes for VDHS are listed in Appendix G, in CARE and are published on the SSPS website.
 - a. The rate that will self-populate in the SSPS authorization for an IP is not the same rate as the one that is charged to the participant for the services. The participant is charged more than what the IP earns hourly to cover for costs such as payroll taxes, training, etc. See Appendix B.i for the rates that are charged to the participant's budget.
 - b. The participant budget is charged the contracted rate for an agency provider, as that rate already includes taxes, training, etc.

E. Communicating about the PSP to the Financial Management Service

1. The CC will be available to consult with the FMS around any issues or concerns related to serving the VDHS Participant throughout the service year.
2. The CC will ensure at the end of each month that the participant's plan for unplanned and planned spending is input in portal and that the accrual limit is accurate.

F. Ongoing Coaching & Support for the Participant

1. Participants in VDHS may have little or no experience in assuming responsibility for their own service plan and budget. The CC might need to spend considerable time helping a Participant and/or their Representative to understand and embrace his/her role in determining what services will best address their individual care need in addition to hiring and supervising a personal care assistant.
2. It is expected that the CC will use his/her knowledge of disability services and supports to introduce the Participant to the range of items/goods or services that may assist them in achieving increased independence in their daily life. The PSP is not a static document and helping the Participant learn how to maximize their budget allowance will require additional time.
3. While the emphasis in VDHS is on empowering the Participant to manage their own service plan and budget there may be situations when a Participant needs problem solving assistance that requires more extensive CC involvement. It is expected that the CC will be available, as frequently as monthly or more if necessary, to provide support resources.
4. Once the PSP is approved and implemented a Participant will likely have frequent contact with the FMS around the authorization of their services and items/goods, bill paying, and quarterly budget balances. But, the CC is expected to review the SSPS paid files and FMS quarterly budget activity and initiate contact with the Participant, should there be a significant lapse in service activity or any other concern, to determine if some other kind of support or service might be appropriate.

G. Communication with VDHS Partner Agencies

1. The CC is the primary point of contact with the VDHS Coordinator at VAMC for matters related to a Participant's eligibility and services. Frequency of contact will be determined by the needs of the particular Veteran.
2. The CC will call, use DSHS Secure email, or fax any Participant-specific information to the VDHS Coordinator at VAMC to comply with VA data security requirements. Secure/encrypted email can be used between the CC, the VAMC, the FMS and ALTSA. Refer to purpose of the communication in the subject line of an email, but do not use Participant names or IDs in subject line.
3. The CC will use the VDHS Communication Form to share information about the Participant with the ALTSA VDHS Program Manager and the VDHS Coordinator as needed to ensure that all team

members are updated on changes in Participant condition, demographic changes and changes related to the PSP. The FMS can be updated through the online portal.

4. If the CC learns of a Participant's hospitalization at either VA Medical Center or a community hospital, notify the other partners, including AL TSA, immediately via email or phone followed by VDHS Communication Form since hospitalization impacts the participant's authorized budget for that month. Procedure for prorating participant budgets can be found in Appendix E.
5. A Veteran's SSN provided to the VDHS Program Manager at AL TSA by the VA Medical Center Coordinator at the point of referral will be used only for billing and IP payment purposes. The Veteran's VDHS ID number will be the AL TSA ID number auto-generated when a CARE record is created. This VDHS/AL TSA ID number will be used on the Communication Form and in any other written communication.

H. Identifying and Mandatory Reporting of Abuse and Neglect

1. If at any time abuse, neglect or exploitation of a participant is suspected, it must be reported to APS. The AL TSA website has information to assist you in learning about the different types of abuse adults may face. <http://www.alsa.dshs.wa.gov/APS/abusetypes.htm>
2. Notify the VDHS Program Manager and the VA MC VDHS Coordinator that a report was made, and notify them when an outcome is determined. Specifics of the referral are not necessary.
3. If the outcome requires a change in living situation, caregiver situation, etc., notify the VA MC VDHS Coordinator and VDHS Program Manager.

Section V: VDHS Financial Management Service (FMS)

A. Qualifying & Contracting Vendors/Providers

1. It is expected that the FMS will orient the Participant/Representative on how FMS works, including: how communication will occur, how bills will be paid, what the Participant's responsibilities are and how/when budget balances will be reported.
2. The FMS will qualify and contract with vendors/providers of other goods and services identified in the PSP.

B. Bill Paying

1. The FMS will pay for Participant goods and services as called for in the PSP and authorized in writing at the point of purchase. All these purchases will be documented in portal. Additional information is available in the FMS's Participant Handbook. Vendors can be provided a copy of the VDHS Vendor Letter (Appendix W).

2. The FMS will reimburse Participants for purchases identified in their PSPs. See *Appendix D.i.* for procedures on reimbursing Participants for PSP costs they incur.

C. Managing & Reporting on Participant Accounts

1. The FMS will document and track all Participant payments related to individual PSPs.
2. In addition to providing service budget information in response to a request from a Participant or their CC whenever one is received, the FMS will provide quarterly reports to Participants and CCs (and DSHS upon request) that contain Participant expenditures and service budget balances to include: services paid to date, services purchased but not yet paid for (dollars obligated), and the remaining balance with documentation if any of that balance is set aside for planned future purchases.
3. The FMS will use the VDHS Communication Form (*Appendix J*) to contact the CC with any concerns/issues that may require attention and/or collaboration to ensure quality service delivery.
4. The FMS will provide VDHS service data reports to ALTSA annually per the requirements stated in the FMS contract.
5. Circumstances that require refunding Participant service budget funds to ALTSA and the procedures to do so are outlined in *Appendix F*.

D. Communication with VDHS Partner Agencies

1. The FMS is the primary point of contact for matters related to a Participant's non-personal care budget and spending plan activity. Frequency of contact between the CC and the FMS will be determined by the needs of the particular Veteran.
2. The CC will call, fax, or use secure/encrypted email any Participant-specific information to the VDHS Coordinator at VA Medical Center to comply with VA data security requirements. Refer to purpose of the communication in the subject line of an email but do not use Participant names or IDs in subject line.
3. While there is nothing that prevents communication between the VA Medical Center and the FMS it is assumed that the VA Medical Center will have primary communication with the CC around eligibility and PSP planning while budget and spending communication will occur primarily between the FMS and the CC.
4. The FMS will use the VDHS Communication form to share Participant budget and other pertinent information with the CC. The CC will forward to the VDHS Coordinator at VA Medical Center as appropriate to ensure that all team members are updated on changes in Participant condition, demographic changes and changes related to the PSP.
5. If the FMS learns of a Participant's hospitalization at either VA Medical Center or a community hospital, notify the other partners, including ALTSA, immediately via email or phone followed by

VDHS Communication Form (*Appendix I*) since hospitalization impacts VA Medical Center reimbursement.

6. A Veteran's SSN provided to the VDHS Program Manager at ALTSA by the VA Medical Center Coordinator at the point of referral will be used only for billing and IP payment purposes. The Veteran's VDHS ID number will be the ALTSA ID number auto-generated when a CARE record is created. This VDHS/ALTSA ID number will be used on the Communication Form (*Appendix I*) and in any other written communication.

Section VI: VDHS Government Fiscal Agent (GFA)

A. Social Service Payment System (SSPS)

1. All payments to IPs who provide personal assistant services to VDHS Participants will be made through SSPS.
2. The CC will enter service authorizations into SSPS through CARE using the payment codes created for VDHS. See *Appendix G* for VDHS payment codes.

B. VDHS Billing and Flow of Funds

1. ALTSA is the entity named as the provider in the Provider Agreement with Department of Veterans Affairs and as such will be responsible for billing VA Medical Center monthly for Veteran budgets per the steps outlined in *Appendix N*.
2. While the participant budget uses a monthly rate, monthly billing to the VA Medical Center requires accounting for each Veteran's services by days. Policy regarding how this will be implemented is outlined in Appendices M.i – iv.
3. When a Veteran enrolled in VDHS is hospitalized or placed in a skilled nursing facility for any overnight stay, the budget will be prorated to reflect the days out of the home. See Appendix E for guidance on prorating monthly budgets.
 - a. The number of days used for proration is the date of admission through the date prior to discharge, subtracted from the number of days in the specific month the hospitalization/institutionalization occurs.
 - b. Personal care services cannot be paid for during a hospital or institutional stay.
 - c. Planned purchases and household services can be paid only on a case-by-case basis.
 - d. The VAMC will pay for VDHS administrative fees throughout the hospital or institutional placement.

Section VII: VDHS Disenrollment and Transfer

A. Voluntary Disenrollment

1. If a Participant informs the CC, FMS or VDHS Coordinator at VA Medical Center that s/he no longer wants to be in the VDHS program, that VDHS partner agency will use the Communication Form (*Appendix J*) to let the other partners know of the Participant's decision and pending disenrollment. The FMS will also be notified of participant disenrollment via the SSPS termination codes used to terminate the authorization. See the SSPS section of the VDHS Care Consultant Guide for more information.
2. The CC will work with the VDHS Coordinator at VA Medical Center to transition the Participant back to whatever long term care services may be available from that system and/or to identify other service options that may be available in the community.

B. Involuntary Disenrollment/Denial of Enrollment

1. An involuntary disenrollment can occur for the following reasons:
 - Even with help from a representative the Participant is unable to develop a PSP, direct his/her own services or manage his/her PSP; or
 - Any one factor or several factors of such magnitude jeopardize the health, welfare and safety of the Participant or others.
2. The CC will draft a written notice to the Participant that documents one or more of the reasons for disenrollment/denial described in #1 above and forward the notice to the VDHS Program Manager at AL TSA for approval/denial prior to sending it to the Participant. In addition to the disenrollment/denial letter, the CC will send the VDHS Program Manager accompanying documentation of efforts that have been made to help the Participant be successful in the program.
3. The VDHS Program Manager at AL TSA will consult with the VDHS Coordinator at VA Medical Center and notify the CC of the outcome of the request for disenrollment/denial within 15 days of receipt. If approved the CC will send the disenrollment/denial letter to the Participant and include the disenrollment date which will be provided by the VDHS Program Manager. For involuntary disenrollments the letter must contain language that connects the Participant back to the VDHS Coordinator at VA Medical Center for whatever long term care services may be available from that system.

C. Loss of VA Eligibility

1. If the VDHS Coordinator at VA Medical Center determines that a Veteran/Participant no longer meets VA eligibility requirements for nursing home level of care based upon a reassessment provided by the CC or an assessment conducted within the VA Medical Center, or if the Veteran loses eligibility for overall VA health care, the VDHS Coordinator will be responsible for notifying the Veteran of this decision.
2. The VDHS Coordinator at VA Medical Center will use the VDHS Communication Form (*Appendix J*) to notify the CC who will in turn notify the FMS of this decision by way of the SSPS termination code.

D. Other Reasons for Disenrollment

1. If a participant is placed in an institution on an extended basis (greater than 15 days, and therefore on inactive status with the program), and it is determined that VDHS is no longer clinically appropriate, the participant may be disenrolled.
2. If a Participant makes a permanent move to a residential facility (nursing home, boarding home or adult family home) he/she is no longer eligible for VDHS. If this transition occurs the VDHS Coordinator at VA Medical Center will be the 'point person' for the transition and will notify the CC of the disenrollment from VDHS using the Communication form.
3. The CC will notify the FMS via the termination code in SSPS.

E. Disenrollment Data Reporting

Disenrollments for any reason require that the CC report to the VDHS Program Manager at AL TSA within 5 business days of the date of disenrollment using the VDHS Enrollment/Disenrollment Form (*Appendix H*) for entry into the data tracking system used to meet local and federal reporting requirements.

F. Transfers

1. Transfers between agencies are to occur only on the first of the month in order to ensure administrative fees are billed properly.
2. Coordination between Care Consultants must occur prior to any transfer being processed to ensure smooth transition and continuity of care.
3. The following items must be completed to ensure the case is transferred in its entirety.
 - a. CARE: Transfer the case in the same way as is done for CORE Clients.
 - b. Paper File: Forward paper file through secure means to the receiving agency
 - c. Payment Authorization: Update authorization per payment system requirements
 - d. Communication Form: Complete and send VAMC VDHS Coordinator, AL TSA Program Manager and receiving agency.
4. If the participant chooses to move outside of the current VAMC catchment area, contact the current VAMC VDHS Coordinator as soon as possible to determine if services are available in the new VAMC catchment area. Communicate with current local VAMC Coordinator to either transfer services or determine alternative processes.

Section VIII: Data Collection & Reporting

A. Participant Data

1. Within 5 business days, of new VDHS enrollments or disenrollments, CCs will communicate all required information to all partners using the Communication form.

2. Monthly summary data of individual participant enrollments, disenrollments, and final budget information will be maintained by the AL TSA Program Manager in the VDHS Enrollment/Disenrollment Form (*Appendix H*).
3. Data on VDHS Participant characteristics needed to meet local and federal reporting requirements (*See Section IV VDHS Care Consultation, B. Assessment in VDHS*) will be gleaned from CARE data by AL TSA staff.
4. Data on VDHS Participant services needed to meet local and federal reporting requirements will be provided by the FMS on a semi-annual basis per the FMS contract with DSHS-AL TSA.

Section IX. Quality Assurance and Continuous Quality Improvement

Below is an outline of Washington State’s approach to Quality Assurance and Continuous Quality Improvement for the VDHS program. Attaining and improving quality is the responsibility of all individuals and organizations participating in VDHS program management and service delivery; and incorporates responses to Veteran participants’ and their representatives’ formal and informal feedback, as well as that of partner organizations. The Veteran Administration Medical Centers, the Puget Sound Healthcare System, and AL TSA will continue to provide details to this section over time. Each Area Agency on Aging is responsible for developing and implementing a VDHS quality assurance plan that incorporates the concepts listed below. In addition, prior to service implementation, each AAA will participate in a VDHS readiness review to be conducted by DSHS

A. *Approach:* Questions to ask when considering Quality Assurance and Improvement

1. What do you want to happen?
2. How do you know it is happening?
3. What do you do when it doesn’t happen?
4. How do you improve?

B. *Quality Assurance (QA):*

1. Determine if Services meet or exceed veteran expectations
2. Identify steps to define and attain program goals
3. Ensure excellence is inherent in every component of the process
4. Determine if processes to provide services are efficient
5. Use measurable strategies to prove level of quality

C. *Continuous Quality Improvement (CQI):*

1. Identify areas to enhance or change for the better
2. Continually assess processes and activity
3. Present as a permanent process

D. *Considerations and Processes to Ensure Quality Using Person-Centered Practices:*

1. Skills of veteran are determined
 - Additional supports needed?
 - Representative needed?
2. Veteran is informed

- Rights, risks, responsibilities
 - Program permissibles
 - Grievance Procedures
3. Accurate assessment of need is conducted
 - Assessment is standardized but personalized
 4. Service Plan matches needs with preferences
 - Veteran-directed process
 - Emergency plan created
 - Risks assessed and mitigated
 - Service Plan monitoring plan created
 5. Feedback is obtained
 - Veterans surveys
 - Other's opinions

E. Program Monitoring Tools:

1. Annual Participant Survey:

See Appendix T, [VDHS Annual Survey Tool](#) to see the current satisfaction survey distributed by the FMS. Its purpose is to evaluate the program and to use for ongoing quality improvement.

 - FMS Responsibilities: distribution, analysis, reporting
 - Collects information about the program in a systematic way
 - Obtains insight into Veteran's opinion about specific topics
 - Measures and compares improvement or decline over time
 - Assists to detect problems or weaknesses
 - Uses information to improve the program
2. The AAA and the FMS will Participate in DSHS Program Monitoring
3. Risk Assessment and Mitigation Process

AAA Supervisors/Program Managers:

 - CARE and Case Mix Assessment Reviews

Care Consultants

 - Focused on the Veteran; Person-Centered
 - A process to deal with risks in a standardized way – consistent & equitable
 - Allows us to balance autonomy & self-expression with safety (Important to/Important for)
 - Assesses exposure to potentially harmful situations
 - Develops a plan to prevent or reduce such exposure and address it quickly if it occurs
 - Reduces liability
4. Identifying, Preventing, and Managing Fraud and Abuse – See *Section IV*; [VDHS Care Consultation, Letter H, Identifying and Mandatory Reporting of Abuse and Neglect](#):
 - Clearly identify Veteran roles and responsibilities
 - Provide information and training
 - Ensure effective supports are available
 - Conduct monitoring activities
 - Establish effective communication paths

F. Fiscal Monitoring:

DSHS/AL TSA performs both on-site and at-desk fiscal monitoring in parallel with AL TSA’s FMS and AAA program monitoring processes. AL TSA Fiscal monitoring entails a review of all fiscal processes related to the VDHS program and individual Veteran participants to ensure they meet federal VD-HCBS fiscal requirements.

Section X: Appendices:

A. VDHS Referral & Communication Contact List



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B. IP Materials & Required Documents

i. IP Rate Sheet for PSP Development



VDHS_Appendix.B.i.
_IP_Rate_2014.July.

ii. Homecare Agency Training Rate



VDHS_Appendix.B.ii.
_HCA.Trg_Rate_2014

iii. Character Competence & Suitability Assessment



VDHS_Appendix.B.iii
_VDHS Character, Co

C. Procedure for Using Budget Reserves for Planned Purchases



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sing Accrued Budget I

D. Participant Reimbursement

i. Reimbursing VDHS Participants for Planned Purchases



VDHS_Appendix.D.i.
_Participant Reimburs

ii. VDHS Participant Payment Request Form - Editable Word Version



VDHS_Appendix.D.ii.
_Payment Request Fo

iii. VDHS Participant Payment Request Form – Editable PDF Version



VDHS_Appendix.D.iii.
_PRF Editable PDF

iv. VDHS PRF Receipt Request Form



VDHS_Appendix.D.iv
_PRF Receipt Reque

E. Prorating Monthly Budget



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rorating Monthly Budg

F. Refunding Service Budget Funds & Required Forms

i. Procedure for Refunding Service Budget Funds



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G. SSPS Payment Codes



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SPS Codes.docx

H. VDHS Enrollment/Disenrollment Form



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I. VDHS Case Mix Assessment Form



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ase Mix Assessment F

J. VDHS Communication Form



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K. VDHS Participant Self-Assessment



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articipant Self Assess

L. VDHS Participant Spending Plan Tool



VDHS_Appendix.L_P
articipant Spending Pl

M. VDHS Fiscal Process

- i. VA PSHCS VDHS Reimbursement Policy*



VDHS_Appendix.M.i_
VDHS Reimbursement

ii. AAA Billing Form



VDHS_Appendix.M.ii.
_AAA Billing Form.xls

iii. Invoice Voucher to VA



VDHS_Appendix.M.iii
_Invoice Voucher to

N. Care Consultant Monthly Participant Billing Form

i. Care Consultant Billing Form Instructions



VDHS_Appendix.N.i.
_Care Consultant Billi

ii. Care Consultant Billing Form



VDHS_Appendix.N.ii_
Care Consultant Billing

O. VDHS List of Available Services



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st of Available Service

P. VDHS List of Allowable and Unallowable Services



VDHS_Appendix.P_AI
lowable and Not Allow

Q. VDHS Designated Representative Authorization



VDHS_Appendix.Q_V
DHS Desig Rep Auth.r

R. VDHS Consent Form



VDHS_Appendix.R_C
onsent Form_2014.M

S. VDHS Skin Protocol

i. Skin Integrity Letter



VDHS_Appendix.S.i_
VDHS Skin Integrity L

ii. Skin Integrity Letter Enclosure 1



VDHS_Appendix.S.ii.
_Skin Integrity Ltr En

iii. Skin Integrity Letter Enclosure 2



VDHS_Appendix.S.iii.
_Skin Integrity Ltr En

T. VDHS Annual Survey Tool



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atisfaction Survey

U. Provider Notification Form (PNF)



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V. PPL WEB-PORTAL Instructions



VDHS_Appendix.V_C
are Consultant Guide

W. VDHS Vendor Letters

- i. VA Puget Sound Healthcare System Vendor Letter



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