



NATIONAL RESOURCE CENTER *for*
PARTICIPANT-DIRECTED SERVICES

VETERAN-DIRECTED RESPITE: *Using Participant Direction to Support Veterans and Their Caregivers*

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Agenda

- ❑ Expanding Home- and Community-Based Services and Supports (HCBS) in the Veteran Health Administration
- ❑ The Veteran-Directed Respite Program
- ❑ Defining Participant Direction
- ❑ The Collaboration between the Veterans Administration and the Aging/Disability Network
- ❑ The Role of the National Resource Center for Participant-Directed Services
- ❑ Questions

VHA: The Shift Towards HCBS



- ❑ VHA has committed to shifting resources from institutional to community based long-term services and supports
- ❑ Shifting resources from institutional care to HCBS can save a system money over time
- ❑ There is a clear demand for increased availability of HCBS Programs

Expansion of Community-Based Programs

- ❑ Support for the expansion of access to HCBS
 - ❑ Executive Decision Memo will confirm the commitment to HCBS
 - ❑ Increased funding will allow for programs to expand
 - ❑ Performance Measures for local Veterans Affairs Medical Centers (VAMCs) will monitor the expansion of services

- ❑ Expansion of the Veteran-Directed Home- and Community-Based Services and Supports (VD-HCBS) Program
 - ❑ Collaboration between the VA and the Aging/Disability Network
 - ❑ Uses Participant Direction to provide in-home services to senior and disabled Veterans
 - ❑ Currently at 43 VAMCs in 26 states

Veteran-Directed Respite

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Veteran-Directed Respite

- ❑ Veteran-Directed Respite services (VDR) are a community-based, participant-directed care option
- ❑ This limited respite service joins two vital and growing Geriatrics and Extended Care (GEC) programs: Veteran-Directed Home- and Community-Based Services and Supports (VD-HCBS) and Home and Community Respite
- ❑ The respite offering is the product of a collaboration with the VHA, and the Health and Human Services' Administration on Community Living (ACL)



Why Veteran-Directed Respite?

- ❑ Program being developed to address the needs of:
 - ❑ Veterans with Traumatic brain injury
 - ❑ Veterans with Psychological trauma or other mental disorder
- ❑ Current respite services are not meeting the needs of this population and are largely underutilized.
- ❑ New respite offering will allow the Veterans to hire family members and friends to provide creative alternatives to traditional services.



Veteran-Directed Respite: Next Steps

- ❑ The infrastructure for Veteran-directed respite services is already in place at forty two VA Medical Centers (VAMC) which host the VD-HCBS Program
- ❑ Planned roll-out at medical centers that have high concentrations of participants in the stipend program – dependent on FY 2014 funding availability
- ❑ First program is opening at the Central Texas VAMC in collaboration with the Central Texas Aging and Disability Resource Center

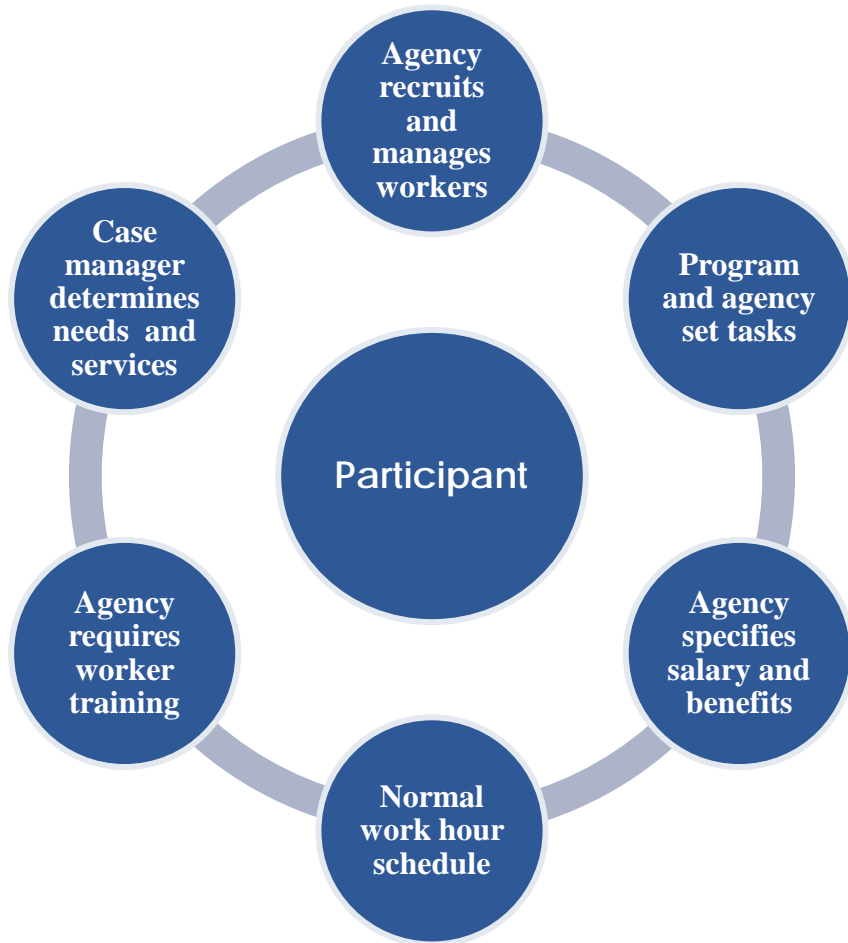


Participant Direction: An Overview

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What is Participant Direction?

Traditional Services



Participant-Directed Service



Components of Participant Direction

- ❑ A budget
 - ❑ An amount the participant can spend on their care
 - ❑ Based on a assessment of need
- ❑ A spending plan
 - ❑ Details how the participant will spend the budget to meet his/her needs
 - ❑ Includes hiring workers to provide care
 - ❑ May include purchasing goods and services over and above hiring workers
- ❑ Counseling services
 - ❑ Helps develop spending plan
 - ❑ Supports Participant as needed
- ❑ Financial Management Services
 - ❑ Pays costs incurred by Spending Plan

Cash & Counseling (C&C)

Demonstration and Evaluation

- ❑ Arkansas, New Jersey and Florida
- ❑ The C&C model is the same model as VD-HCBS
- ❑ Over 6,500 people randomly assigned to either:
 - ❑ Manage their own authorized budget amount
 - ❑ Continue with traditional agency-based services
- ❑ All participants were assessed for level of service based on functional need

Participant-Direction



Comparative effectiveness research on
participant-directed programs found:



Self-directing participants are up to 90% more likely to be very satisfied with how they lead their lives.



Self-directing participants have more positive health outcomes and significantly reduced personal care needs.



Caregivers of self-directing participants are very satisfied with overall care and report less physical stress and emotional strain.



Self-direction does not increase incidence of fraud and abuse.



High-cost services are utilized less
when basic support services are provided.

Collaboration in VDR: The Role of Aging and Disability Network

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Role of the Aging/Disability Network

- ❑ Support development of a spending plan
- ❑ Provide Options Counseling services
- ❑ Provide FMS services

Role of the NRCPDS

- ❑ All Aging/Disability Network Agencies must complete a Readiness Review to show they can carry out their role
- ❑ Provides Technical Assistance to Aging/Disability Network Agencies as they go through the Readiness Review Process
- ❑ Formally approves the Readiness Review
 - ❑ Staff work closely with each site to develop their program design
- ❑ Provides ongoing technical assistance to the Veterans Health Administration and the Administration for Community Living

Spending Plan

VDR is an “Employer Authority” program

- ❑ Veterans can use budget only to hire staff
 - ❑ No authority to purchase goods and services
 - ❑ Cannot hire stipended caregiver
- ❑ Veterans can set wages
 - ❑ \$20/hour maximum limit
- ❑ Veterans can schedule work hours
 - ❑ As a respite program, this would ideally be done in coordination with the Caregiver
- ❑ Spending plan is a quarterly plan, based on a monthly budget



Options Counseling

High Availability/Low Required Contact

- ❑ Options Counseling as an ongoing service in this model
- ❑ Options Counselor works with Veteran around developing the Spending Plan
- ❑ Options Counselor monitors plan
 - ❑ Light monitoring in VDR
 - Monthly calls at first
 - Then quarterly calls
 - Annual visit to review spending plan
 - Contact as needed
 - ❑ Veterans are seen regularly by VA staff



Financial Management Services

- ❑ Financial Management Service (FMS) provides tax and payroll services to the Veteran
- ❑ Contracted by Aging/Disability Network and paid by the administrative fee from VA
- ❑ Only managing payroll and expect only one or two workers per pay period
- ❑ FMS generates monthly reports for participants and Aging/Disability Network staff

Provider Agreements: A Quick Word



- ❑ Between the VAMC and the Aging/Disability Network Agency
- ❑ Outline services to be provided and rates
- ❑ Last step in process before Aging/Disability Network Agency accepts referrals



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THANK-YOU

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